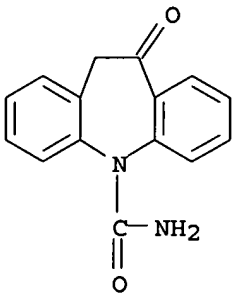
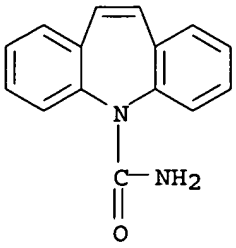
L2 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2006 ACS on STN
RN 28721-07-5 REGISTRY
ED Entered STN: 16 Nov 1984
CN 5H-Dibenz[b,f]azepine-5-carboxamide, 10,11-dihydro-10-oxo- (8CI, 9CI) (CA INDEX NAME)
OTHER NAMES:
CN 10,11-Dihydro-10-oxo-5H-dibenz[b,f]azepine-5-carboxamide
CN GP 47680
CN Oxacarbazepine
CN **Oxcarbazepine**
CN Trileptal
FS 3D CONCORD
MF C15 H12 N2 O2
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAPLUS, CASREACT, CBNB, CHEMCATS, CHEMLIST, CIN, CSCHEM, DDFU, DRUGU, EMBASE, IFICDB, IFIPAT, IFIUDB, IMSCOSEARCH, IMSDRUGNEWS, IMSPATENTS, IMSRESEARCH, IPA, MEDLINE, MRCK*, PHAR, PROMT, PROUSDDR, PS, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

440 REFERENCES IN FILE CA (1907 TO DATE)
6 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
440 REFERENCES IN FILE CAPLUS (1907 TO DATE)

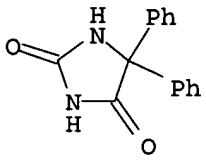
L3 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2006 ACS on STN
RN 298-46-4 REGISTRY
ED Entered STN: 16 Nov 1984
CN 5H-Dibenz[b,f]azepine-5-carboxamide (6CI, 7CI, 8CI, 9CI) (CA INDEX NAME)
OTHER NAMES:
CN 5-Carbamoyl-5H-dibenz[b,f]azepine
CN Amizepin
CN Biston
CN Calepsin
CN Carbamazepen
CN Carbamazepin
CN **Carbamazepine**
CN Carbatrol
CN Carbazepine
CN Carbelan
CN CBZ
CN Epitol
CN Finlepsin
CN G 32883
CN Geigy 32883
CN Karbamazepin
CN Neurotol
CN Neurotop
CN NSC 169864
CN Sirtal
CN Stazepine
CN Tegretal
CN Tegretol
CN Tegretol XR
CN Telesmin
CN Timonil
FS 3D CONCORD
DR 121947-25-9, 121985-71-5, 105234-21-7
MF C15 H12 N2 O
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAOLD, CAPLUS, CASREACT, CBNB, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, CSNB, DDFU, DRUGU, EMBASE, HSDB*, IFICDB, IFIPAT, IFIUDB, IMSCOSEARCH, IPA, MEDLINE, MRCK*, PHAR, PROMT, PROUSDDR, PS, RTECS*, SCISEARCH, SPECINFO, TOXCENTER, ULIDAT, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

5188 REFERENCES IN FILE CA (1907 TO DATE)
80 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
5198 REFERENCES IN FILE CAPLUS (1907 TO DATE)
12 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

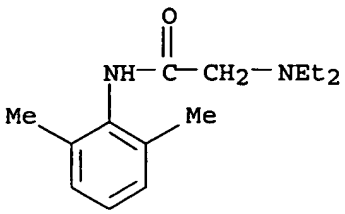
L4 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2006 ACS on STN
RN 57-41-0 REGISTRY
ED Entered STN: 16 Nov 1984
CN 2,4-Imidazolidinedione, 5,5-diphenyl- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Hydantoin, 5,5-diphenyl- (8CI)
OTHER NAMES:
CN 5,5-Diphenyl-2,4-imidazolidinedione
CN 5,5-Diphenylhydantoin
CN Aleviatin
CN Denyl
CN Di-Hydan
CN Di-Lan
CN Dihycon
CN Dilabid
CN Dintoina
CN Diphantoin
CN Diphedan
CN Diphenat
CN Diphenylan
CN Diphenylhydantoin
CN DPH
CN Ekko
CN Hidantal
CN Hydantol
CN Lehydan
CN Lepitoin
CN NSC 8722
CN **Phenytoin**
CN Phenytoine
CN Sodanton
CN Zentropil
FS 3D CONCORD
DR 125-59-7
MF C15 H12 N2 O2
CI COM
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, AQUIRE, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CABA, CAOLD, CAPLUS, CASREACT, CBNB, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, DDFU, DRUGU, EMBASE, HSDB*, IFICDB, IFIPAT, IFIUDB, IMSCOSEARCH, IPA, MEDLINE, MRCK*, MSDS-OHS, PHAR, PIRA, PROMT, PS, RTECS*, SPECINFO, SYNTHLINE, TOXCENTER, ULIDAT, USAN, USPAT2, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

7321 REFERENCES IN FILE CA (1907 TO DATE)
125 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
7333 REFERENCES IN FILE CAPLUS (1907 TO DATE)
10 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

L5 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2006 ACS on STN
RN 137-58-6 REGISTRY
ED Entered STN: 16 Nov 1984
CN Acetamide, 2-(diethylamino)-N-(2,6-dimethylphenyl)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 2',6'-Acetoxylidide, 2-(diethylamino)- (8CI)
OTHER NAMES:
CN α-Diethylamino-2,6-acetoxylidide
CN 2-(Diethylamino)-2',6'-acetoxylidide
CN 2-(Diethylamino)-N-(2,6-dimethylphenyl)acetamide
CN Anbesol
CN Anestacon
CN Cuivasil
CN Dalcaine
CN Duncaine
CN ELA-Max
CN Esracaine
CN Isicaina
CN Isicaine
CN Jetocaine
CN Leostesin
CN Lida-Mantle
CN Lidocadren
CN **Lidocaine**
CN Lidoderm
CN Lignocaine
CN LMX
CN Maricaine
CN Medicaine
CN NSC 40030
CN Penles
CN Remicaine
CN Rucaina
CN Solarcaine
CN Solcain
CN Xilina
CN Xycaine
CN Xylestesin
CN Xyline
CN Xylocain
CN Xylocaine
CN Xylocitin
FS 3D CONCORD
DR 8059-42-5, 8059-66-3, 91484-71-8
MF C14 H22 N2 O
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUIRE, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CABA, CAOLD, CAPLUS, CASREACT, CBNB, CHEMCATS, CHEMLIST, CIN, CSCHEM, CSNB, DDFU, DRUGU, EMBASE, HSDB*, IFICDB, IFIPAT, IFIUDB, IMSCOSEARCH, IPA, MEDLINE, MRCK*, MSDS-OHS, PHAR, PIRA, PROMT, PS, RTECS*, SCISEARCH, SPECINFO, TOXCENTER, ULIDAT, USAN, USPAT2, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: DSL**, EINECS**, TSCA**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

8472 REFERENCES IN FILE CA (1907 TO DATE)
96 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
8483 REFERENCES IN FILE CAPLUS (1907 TO DATE)
31 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

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L21 ANSWER 1 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Society for Neuroscience Abstract Viewer and Itinerary Planner, (**2002**) Vol. 2002, pp. Abstract No. 798.9. http://sfn.scholarone.com. cd-rom. Meeting Info.: 32nd Annual Meeting of the Society for Neuroscience. Orlando, Florida,. . .
AB. . . taken. Samples were analyzed by HPLC with UV detection.) The intraoperative microdialysis was performed in patients treated with carbamazepine (n=3), **lamotrigine** (n=2), **oxcarbazepine** (n=2) and levetiracetame (n=1). The concentrations of the drugs in the in vivo dialysate and those of dialysates of serum. . .

L21 ANSWER 2 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Journal of Affective Disorders, (**December 2002**) Vol. 72, No. Supplement 1, pp. S15-S21. print. CODEN: JADID7. ISSN: 0165-0327.
AB. . . for optimizing the treatment of atypical bipolar disorder. During the last decade, several new antiepileptic drugs have been released, e.g. **lamotrigine**, gabapentin, tiagabine, topiramate and levetiracetam. Others have been available for some time, but only recently have become the focus of bipolar disorder research; for example, phenytoin, and especially, **oxcarbazepine**. This review will consider our current knowledge of the benefit of these new and newly rediscovered anticonvulsants in treating bipolar. . .

L21 ANSWER 3 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO European Psychiatry, (**November 2002**) Vol. 17, No. 7, pp. 371-378. print. ISSN: 0924-9338.
AB. . . some patients with chronic course of schizophrenia. Valproate treatment leads to a decrease in positive symptoms as well as hostility. **Lamotrigine** is expected to influence the positive, negative, affective, and cognitive symptoms of schizophrenia. New antiepileptics (e.g., gabapentin, **oxcarbazepine**, topiramate, vigabatrin) present a promise as potential adjuncts to neuroleptic treatment in resistant symptoms of schizophrenia.

L21 ANSWER 4 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Analytica Chimica Acta, (**20 November 2002**) Vol. 472, No. 1-2, pp. 1-10. print. ISSN: 0003-2670 (ISSN print).
AB. . . rapid and simple liquid chromatographic method with photodiode array detection was developed for the simultaneous determination of six antiepileptic drugs (**oxcarbazepine**, carbamazepine, **lamotrigine**, phenobarbital, primidone and phenytoin) and two metabolites (10,11-dihydro-10,11-epoxycarbamazepine and 10,11-dihydro-10-hydroxycarbamazepine, the main active metabolites of carbamazepine and **oxcarbazepine**, respectively) in human plasma. Separation of the analytes was achieved in less than 11.5 min on a C18 column (150X4.0. . .

L21 ANSWER 5 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Pharmacotherapy, (**November 2002**) Vol. 22, No. 11, pp. 1500-1503. print. ISSN: 0277-0008 (ISSN print).
AB. . . accumulate and cause neurotoxicity. The woman experienced ataxia and agitation while receiving quetiapine, which resolved after

carbamazepine was switched to **oxcarbazepine**. The man was asymptomatic. To our knowledge, these are the first two case reports describing this interaction. Quetiapine may inhibit epoxide hydrolase and/or glucuronidation of carbamazepine-10,11-trans-diol in the same way as valproate and possibly **lamotrigine** do. If carbamazepine and quetiapine are administered concurrently, clinicians should consider monitoring CBZ-E concentrations.

L21 ANSWER 6 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsy Research, (**September, 2002**) Vol. 51, No. 1-2, pp. 31-71. print.
CODEN: EPIRE8. ISSN: 0920-1211.
AB. . . (SB-204269), CGX-1007 (Conantokin-G), pregabalin, retigabine (D-23129), safinamide, SPD421 (DP-VPA), SPM 927, talampanel and valrocemide (TV 1901). Updates on fosphenytoin, gabapentin, **lamotrigine**, levetiracetam, **oxcarbazepine**, tiagabine, topiramate, vigabatrin, zonisamide, new formulations of valproic acid, and the antiepileptic vagal stimulator device are also presented.

L21 ANSWER 7 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Current Science (Bangalore), (**25 March, 2002**) Vol. 82, No. 6, pp. 698-706. print.
CODEN: CUSCAM. ISSN: 0011-3891.
AB. . . have reached the market during the last decade and thus markedly increased treatment options for patients with epilepsy. Felbamate, gabapentin, **lamotrigine**, levetiracetam, **oxcarbazepine**, tiagabine, topiramate, vigabatrin, and zonisamide are all different drugs and their merits need to be assessed individually. However, being newer. . .

L21 ANSWER 8 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Neurology, (**September 24, 2002**) Vol. 59, No. 6 Supplement 4, pp. S38-S43. print.
CODEN: NEURAI. ISSN: 0028-3878.
AB. . . the same for 269 (40%) of these patients. The most commonly discontinued drugs were topiramate (n=115), tiagabine (n=78), carbamazepine (n=62), **lamotrigine** (n=56), and gabapentin (n=52). Changes in seizure rates were not significantly different among patients who added levetiracetam (n=151), zonisamide (n=71), or **oxcarbazepine** (n=46) to VNS. Changes in seizure rates were not significantly different among patients whose baseline AEDs were carbamazepine (n=273), **lamotrigine** (n=238), valproate (n=201), topiramate (n=190), or phenytoin (n=151). Our results suggest the following: (a) patients commonly stay on the same. . .

L21 ANSWER 9 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Neurology, (**September 10, 2002**) Vol. 59, No. 5 Supplement 2, pp. S14-S17. print.
CODEN: NEURAI. ISSN: 0028-3878.
AB. . . new era in the treatment of neuropathic pain. Gabapentin has demonstrated efficacy, specifically in painful diabetic neuropathy and postherpetic neuralgia. **Lamotrigine** has been reported to be effective in relieving pain from trigeminal neuralgia refractory to other treatments, HIV neuropathy, and central. . . Other anticonvulsants, including lorazepam, valproate, topiramate, and tiagabine, have also been under investigation. Anecdotal experience provides support for studies with **oxcarbazepine** and levetiracetam for treating neuropathic pain. Evidence supporting the efficacy of anticonvulsants in treatment of such pain is evolving. Additional. . .

L21 ANSWER 10 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsy Research, (**June, 2002**) Vol. 50, No. 1-2, pp. 191-193. print.
CODEN: EPIRE8. ISSN: 0920-1211.
AB. . . disorders besides epilepsy was discussed at the Workshop, with special emphasis on the following conditions: painful peripheral neuropathies (e.g. carbamazepine, **oxcarbazepine**, gabapentin, **lamotrigine**); bipolar disorders (e.g. valproate, carbazepine, **lamotrigine**), strategies for developing new drugs based on pathophysiological mechanisms that may be similar in epilepsy and in recurrent mood disorders. . .

L21 ANSWER 11 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Methods and Findings in Experimental and Clinical Pharmacology, (**June, 2002**) Vol. 24, No. 5, pp. 291-327. print.
CODEN: MFEPDX. ISSN: 0379-0355.
AB. . . ester, idarubicin hydrochloride, imipramine hydrochloride, imiquimod, interferon beta, interferon beta-1a, interferon beta-1b, interferon omega, irbesartan, itraconazole; Ketorolac, ketorolac tromethamine; Lamifiban, **lamotrigine**, lanoteplase, lansoprazole, leflunomide, leuprorelin acetate, levetiracetam, levocetirizine, levodopa, lisinopril, loratadine; Manidipine, methylprednisolone, metronidazole, mirtazapine, mizolastine, modafinil, morphine sulfate; Naproxen sodium, naratriptan hydrochloride, nifedipine, NSC-683864; Ofloxacin, olanzapine, omalizumab, omapatrilat, ondansetron hydrochloride, **oxcarbazepine** ; Paclitaxel, parecoxib sodium, paroxetine hydrochloride, phenytoin sodium, pimecrolimus, pramipexole hydrochloride, pravastatin, prednisone, pregabalin; Quetiapine fumarate; Ranitidine hydrochloride, rasburicase, ritonavir, rivastigmine. . .

L21 ANSWER 12 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Revue Neurologique (Paris), (**2002**) Vol. 158, No. 5 Cahier 2, pp. 4S46-4S54. print.
CODEN: RENEAM. ISSN: 0035-3787.
AB. . . antiepileptic drugs on the French market has considerably diversified our conventional therapeutic schemes for epilepsy. New arrivals, topiramate, tiagabine and **oxcarbazepine**, will further amplify these changes. Compared with conventional drugs, these new products present more favorable pharmacokinetic properties, with no or. . . prognosis, including cognitive outcome, has been considerably improved, for example in infantile spasms with vigabatrin and in Lennox-Gastaut syndrome with **lamotrigine** and felbamate, the latter drug being highly toxic. For the moment in France, authorities have limited the use of all. . .

L21 ANSWER 13 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsia, (**2002**) Vol. 43, No. Supplement 3, pp. 71-79. print.
CODEN: EPILAK. ISSN: 0013-9580.
AB. . . monitored. Few relevant studies exist. For some patients, comorbid psychiatric disorders may be treated with one AED, such as carbamazepine, **lamotrigine**, or valproate. Phenobarbital and phenytoin may be inappropriate for those with epilepsy and DD. Studies have shown some success with **oxcarbazepine** (for partial and generalized epilepsy) and with adjunctive **lamotrigine**. For those on medication regimens, perhaps taking combinations of drugs for numerous years, queries about earlier attempts to reduce AEDs. . .

L21 ANSWER 14 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Therapeutic Drug Monitoring, (**June, 2002**) Vol. 24, No. 3, pp.

366-374. print.
CODEN: TDMODV. ISSN: 0163-4356.

AB. . . aim of this study was to investigate the influence of topiramate dose, age, and comedication, especially of carbamazepine, phenytoin, phenobarbital, **oxcarbazepine**, **lamotrigine**, and valproic acid (VPA) on topiramate serum concentrations in patients with epilepsy. In total, 480 samples of 344 inpatients who. . . on the topiramate serum concentrations. Regression analysis including all 480 samples confirmed that in combinations with phenytoin, carbamazepine, phenobarbital, and **oxcarbazepine**, the topiramate concentrations were significantly lower compared with topiramate monotherapy, whereas VPA and **lamotrigine** had no significant influence. Moreover, regression analysis indicated that primidone and methsuximide lowered topiramate concentrations, whereas gabapentin, bromide, and sulthiame. . .

L21 ANSWER 15 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Journal of Clinical Psychiatry, (**2002**) Vol. 63, No. Supplement 4, pp. 3-11. print.
CODEN: JCLPDE. ISSN: 0160-6689.

AB. . . manual search of bibliographies and a review of textbooks to identify articles regarding the clinical pharmacology of lithium, valproate, carbamazepine, **oxcarbazepine**, olanzapine, clozapine, risperidone, ziprasidone, quetiapine, **lamotrigine**, and topiramate. Results: Not surprisingly, there are a number of clinically relevant pharmacodynamic and pharmacokinetic differences among these medications, and. . .

L21 ANSWER 16 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Journal of Child Neurology, (**January, 2002**) Vol. 17, No. Supplement 1, pp. S65-S69. print.
ISSN: 0883-0738.

AB. . . pediatric neurologists have been faced with limited pediatric pharmacokinetic and pharmacodynamic information. This article reviews the newer antiepilepsy drugs-gabapentin, felbamate, **lamotrigine**, topiramate, **oxcarbazepine**, levetiracetam, and zonisamide-and summarizes what is currently known about the safety and efficacy of these drugs in treating partial and. . .

L21 ANSWER 17 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Fundamental and Clinical Pharmacology, (**December, 2001**) Vol. 15, No. 6, pp. 405-417. print.
ISSN: 0767-3981.

AB. . . in terms of less variable kinetics and, particularly in the case of gabapentin, levetiracetam and vigabatrin, a lower interaction potential. **Lamotrigine**, topiramate, zonisamide and felbamate protect against partial seizures and a variety of generalized seizure types, vigabatrin is effective against partial seizures (with or without secondary generalization) and infantile spasms, while the use of **oxcarbazepine**, tiagabine and gabapentin is mainly resticted to patients with partial epilepsy (and, in the case of **oxcarbazepine** , also primarily generalized tonic-clonic seizures). Levetiracetam, the latest AED to be introduced, has been found to be effective in partial. . .

L21 ANSWER 18 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Therapeutic Drug Monitoring, (**February, 2002**) Vol. 24, No. 1, pp. 91-103. print.
CODEN: TDMODV. ISSN: 0163-4356.

AB During the Past decade, nine new antiepileptic drugs (AEDs) namely,

Felbamate, Gabapentin, Levetiracetam, **Lamotrigine**, **Oxcarbazepine**, Tiagabine, Topiramate, Vigabatrin and Zonisamide have been marketed worldwide. The introduction of these drugs increased appreciably the number of therapeutic. . . induction by known anticonvulsants with inducing effects but are less vulnerable to inhibition by common drug inhibitors. Felbamate, topiramate and **oxcarbazepine** are mild inducers and may affect the disposition of oral contraceptives with a risk of failure of contraception. These drugs also inhibit CYP2C19 and may affect the disposition of phenytoin. **Lamotrigine** is eliminated mostly by glucuronidation and is susceptible to inhibition by valproic acid and induction by classic AEDs such as. . .

L21 ANSWER 19 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Therapeutic Drug Monitoring, (**February, 2002**) Vol. 24, No. 1, pp. 74-80. print.
CODEN: TDMODV. ISSN: 0163-4356.
AB. . . had been introduced 20 to 70 years earlier. This situation has changed dramatically, with as many as nine new-generation drugs (**oxcarbazepine**, gabapentin, **lamotrigine**, levetiracetam, tiagabine, topiramate, zonisamide, vigabatrin, and felbamate, in addition to the water-soluble phenytoin prodrug fosphenytoin) having been introduced in Europe,. . .

L21 ANSWER 20 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO British Journal of Clinical Pharmacology, (**February, 2002**) Vol. 53, No. 2, pp. 123-131. print.
CODEN: BCPHBM. ISSN: 0306-5251.
AB. . . which is commonly used as an endpoint in clinical trials, confers little benefit to a patient. Of the newer AEDs, **lamotrigine** and **oxcarbazepine** are now licensed for use as monotherapy and vigabatrin has a monotherapy licence for infantile spasms. Careful and prolonged postmarketing. . .

L21 ANSWER 21 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Aktuelle Neurologie, (**Dezember, 2001**) Vol. 28, No. 10, pp. 460-467. print.
ISSN: 0302-4350.
AB. . . instead of carbamazepine and valproic acid. Since 1992 eight "new" antiepileptic drugs became available in Germany; these are felbamate, gabapentin, **lamotrigine**, levetiracetam, **oxcarbazepine**, tiagabine, topiramate and vigabatrin. For some of these new drugs it could be demonstrated that their efficacy was identical or. . . the new antiepileptic drugs have to be taken into consideration. Under certain circumstances the use of the new drugs gabapentin, **lamotrigine**, **oxcarbazepine** and topiramate as first line drug is already justified; in general the new drugs advanced from drug of third choice. . . to be done carefully depending on the special situation. When monotherapy with antiepileptic drugs fails, combinations like carbamazepine+valproic acid or **lamotrigine**+valproic acid are recommended. Up to now, the published data do not allow general recommendations for a "rational" polypharmacy.

L21 ANSWER 22 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsy Research, (**November, 2001**) Vol. 47, No. 1-2, pp. 17-25. print.
CODEN: EPIRE8. ISSN: 0920-1211.
AB. . . stimulation as a pseudo-placebo. Results: overall success rates fell into two general groups with ranges of 12-20% for gabapentin (GBP), **lamotrigine** (LTG), tiagabine (TGB), zonisamide and 27-29% for

levetiracetam, **oxcarbazepine**, and topiramate (TPM). Summary Complaint Scores also fell into two general groups with ranges of -27 to -82 for GBP, levetiracetam, TGB, zonisamide and -113 to -205 for LTG, **oxcarbazepine** and TPM. VNS scores were in the lower or higher success and summary complaint categories depending on whether scores from. . .

L21 ANSWER 23 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Therapeutic Drug Monitoring, (**October, 2001**) Vol. 23, No. 5, pp. 529-535. print.
CODEN: TDMODV. ISSN: 0163-4356.
AB. . . of venous blood and CSF were collected and analyzed as total and unbound concentrations. Concomitant levels were also analyzed of **lamotrigine** (n=5) and the relevant **oxcarbazepine** metabolite, 10-hydroxycarbazepine (n=3). There was a close correlation between the plasma and the CSF concentration for both the total and. . . the unbound levels. The unbound fraction of topiramate was 84% in plasma and 97% in CSF. The CSF concentrations of **lamotrigine** and 10-hydroxycarbazepine were 50% and 61% of the plasma concentrations, respectively. For topiramate, there is a close correlation between the. . .

L21 ANSWER 24 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Brain and Development, (**August, 2001**) Vol. 23, No. 5, pp. 277-283. print.
ISSN: 0387-7604.
AB. . . However, it is imperative to consider whether possible adverse events will outweigh any benefits. The advantages and disadvantages of vigabatrin, **lamotrigine**, gabapentin, topiramate, tiagabine and felbamate are considered in some detail, and **oxcarbazepine**, stiripentol, remacemide, zonisamide and levetiracetam more briefly. Vigabatrin is effective for partial seizures and infantile spasms, but visual field defects are limiting its use. **Lamotrigine** has a wide spectrum, needs to be prescribed with care. Gabapentin is unlikely to cause adverse effects, but has relatively. . . effective in severe myoclonic epilepsy in infancy. Zonisamide has a special place in the progressive myoclonus epilepsies. Levetiracetam, remacemide and **oxcarbazepine** have been used mainly for partial seizures: further studies of their roles in other circumstances are required.

L21 ANSWER 25 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsia, (**June, 2001**) Vol. 42, No. 6, pp. 793-795. print.
CODEN: EPILAK. ISSN: 0013-9580.
AB. . . therapy of epilepsies along with hepatic porphyrias remains difficult. Most AEDs such as carbamazepine (CBZ), phenytoin (PHT), valproate (VPA), and **lamotrigine** (LTG) may precipitate clinically latent porphyria by inducing hepatic metabolism and increasing hepatic heme synthesis. Actually, only gabapentin (GBP), an. . . as an elevation of the transaminases as well as pruritus and erythema were noted. The patient was then started on **oxcarbazepine** (OCBZ), a ketoanalogue of CBZ similar in its pharmacologic mechanism as well as its clinical use, but which, in contrast. . .

L21 ANSWER 26 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Neurology, (**2000**) Vol. 55, No. 11 Supplement 3, pp. S30-S37. print.
CODEN: NEURAI. ISSN: 0028-3878.
AB. . . ease of use in children across a wide range of ages. On the basis of these criteria, two new AEDs, **oxcarbazepine** (OXC) and topiramate (TPM), are suitable for consideration. OXC has demonstrated

efficacy in monotherapy and adjunctive therapy in pediatric partial. . . preliminary analysis of a monotherapy trial is confirmed. There are not yet enough data on efficacy to support consideration of **lamotrigine**, tiagabine, felbamate, levetiracetam, or zonisamide as first-line therapy for pediatric partial seizures.

L21 ANSWER 27 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Neurology, (**2000**) Vol. 55, No. 11 Supplement 3, pp. S11-S16. print.
CODEN: NEURAI. ISSN: 0028-3878.
AB. . . and lack of pharmacokinetic interactions with other drugs. Both established AEDs (carbamazepine, phenytoin, valproate, phenobarbital, and primidone) and newer AEDs (**oxcarbazepine**, felbamate, gabapentin, **lamotrigine**, topiramate, tiagabine) are evaluated in terms of these properties. None of the currently marketed AEDs combines all of these desirable. . .

L21 ANSWER 28 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsy Research, (**January, 2001**) Vol. 43, No. 1, pp. 11-58. print.
CODEN: EPIRE8. ISSN: 0920-1211.
AB. . . potential value of an innovative strategy, porcine embryonic GABAergic cell transplants, is also discussed. Finally, updates on felbamate, fosphenytoin, gabapentin, **lamotrigine**, levetiracetam, **oxcarbazepine**, tiagabine, topiramate, vigabatrin, zonisamide, and the antiepileptic vagal stimulator device are presented.

L21 ANSWER 29 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Fundamental and Clinical Pharmacology, (**July-August, 2000**) Vol. 14, No. 4, pp. 301-319. print.
ISSN: 0767-3981.
AB The aim of this paper is to review a number of new antiepileptic agents (i.e. felbamate, gabapentin, **lamotrigine**, levetiracetam, **oxcarbazepine**, tiagabine, topiramate, vigabatrin and zonisamide) for their inducing and/or inhibitory properties in humans, mainly considering the interactions where they are. . . is not devoid of potential interaction properties: it decreases the plasma concentrations of ethinylestradiol, induces CYP3A4 and inhibits CYP2C19. For **oxcarbazepine**, no inhibitory, only inductive effects have been observed thus far. Felbamate, topiramate and **oxcarbazepine** may induce the metabolism of steroidal oral contraceptives. In this respect, tiagabine has been studied at a rather low dose. Pharmacodynamic or pharmacokinetic interaction seems to exist between **lamotrigine** and carbamazepine. **Lamotrigine** appears to be a weak inducer of UGTs, whereas induction of CYP3A4 seems improbable as the compound does not change. . .

L21 ANSWER 30 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Pharmacotherapy, (**August, 2000**) Vol. 20, No. 8 Part 2, pp. 129S-138S. print.
CODEN: PHPYDQ. ISSN: 0277-0008.
AB. . . have been introduced, with the promise of improved seizure control and minimal side effects. The new antiepileptic drugs (AEDs)-felbamate, gabapentin, **lamotrigine**, tiagabine, topiramate, vigabatrin and **oxcarbazepine**-have demonstrated superior efficacy for some with refractory epilepsy. In addition, the new agents frequently are better tolerated when used as. . .

L21 ANSWER 31 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Epilepsia, (**July, 2000**) Vol. 41, No. 7, pp. 875-879. print.
CODEN: EPILAK. ISSN: 0013-9580.

AB. . . teaching hospital, but none of the team is formally attached to that hospital. Results: The center conducted trials of zonisamide, **oxcarbazepine**, gabapentin, remacemide, tiagabine, vigabatrin, felbamate, and **lamotrigine** both as add-on trials in refractory seizure disorders and as monotherapy trials in de novo epilepsy. More than 200 patients. . .

L21 ANSWER 32 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Aktuelle Neurologie, (**April, 2000**) Vol. 27, No. 3, pp. 106-109. print.
ISSN: 0302-4350.

AB. . . act proconvulsively and progestogens anticonvulsively. The contraceptive efficacy may be considerably reduced by comedication with carbamazepine, phenytoin, phenobarbital, primidone, topiramate, **oxcarbazepine** and felbamate, which may increase inactivation of contraceptive steroids by enzyme induction in the liver. To prevent unwanted pregnancies, an oral contraceptive containing a progestogen with high ovulation inhibitory potency should be preferred. Valproic acid, **lamotrigine**, tiagabine, gabapentin, vigabatrin, ethosuximide or benzodiazepines do not significantly interact with oral contraceptives. In menstruation-associated epilepsy as well as migraine. . .

L21 ANSWER 33 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Epilepsia, (**1999**) Vol. 40, No. SUPPL. 9, pp. S7-S13. print.
CODEN: EPILAK. ISSN: 0013-9580.

AB. . . metabolized, half-life is shortened and clearance is increased when patients receive concomitant enzyme-inducing agents such as barbiturates, phenytoin, and carbamazepine. **Lamotrigine** metabolism is markedly inhibited by valproic acid, and felbamate may increase the serum levels of most other AEDs. Felbamate, topiramate, and **oxcarbazepine** may also reduce the efficacy of the contraceptive pill by stimulating its metabolism.

L21 ANSWER 34 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Epilepsia, (**1999**) Vol. 40, No. SUPPL. 5, pp. S2-S10. print.
CODEN: EPILAK. ISSN: 0013-9580.

AB. . . GABA, respectively. For many of the newer AEDs, several molecular mechanisms of action have been identified. For example, felbamate (FBM), **lamotrigine** (LTG), zonisamide (ZNS), topiramate (TPM), **oxcarbazepine** (OCBZ), and possibly gabapentin (GBP) share a similar mechanism with that defined for phenytoin (PHT) and carbamazepine (CBZ), i.e., a. . .

L21 ANSWER 35 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Epilepsia, (**1999**) Vol. 40, No. SUPPL. 6, pp. S17-S22. print.
CODEN: EPILAK. ISSN: 0013-9580.

AB. . . A range of established and new AEDs has been examined using the "monostars" method, including phenobarbital, phenytoin, carbamazepine, sodium valproate, **lamotrigine**, gabapentin, **oxcarbazepine** , and vigabatrin. Scores can be adjusted as new information comes to light. Other agents can be added when suitable monotherapy. . .

L21 ANSWER 36 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Neuropediatrics, (**June, 1999**) Vol. 30, No. 3, pp. 130-132. print.
CODEN: NRPDDB. ISSN: 0174-304X.

AB. . . constriction. All patients were subjectively asymptomatic. The

GVG-treated patients had taken the drug in combination with valproic acid (VPA) or **oxcarbazepine** (OCB). In four patients, GVG treatment was already stopped at the time ofthe ophthalmologic examination. Three patients had intracerebral lesions. . . patient from the control group with concentric visual field constriction had an absence epilepsy, treatment being performed with VPA and **lamotrigine** (LTG). In conclusion, GVG has a causal but not unique connection with visual field constriction in pediatric patients.

L21 ANSWER 37 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Therapeutic Drug Monitoring, (**April, 1999**) Vol. 21, No. 2, pp. 175-181. print.
CODEN: TDMODV. ISSN: 0163-4356.

AB The aim of this retrospective study was to investigate the influence of **oxcarbazepine** (OCBZ) and methsuximide (MSM) on **lamotrigine** (LTG) serum concentrations. The effect of OCBZ compared to carbamazepine (CBZ) and the effect of MSM on LTG serum concentrations. . . of MSM on the LTG concentration should be considered if MSM is added or withdrawn in patients treated with LTG. **Oxcarbazepine** had a less pronounced inducing effect on LTG metabolism compared to CBZ. If CBZ is replaced by OCBZ as comedication,. . .

L21 ANSWER 38 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Epilepsy Research, (**March, 1999**) Vol. 34, No. 1, pp. 1-41. print.
CODEN: EPIRE8. ISSN: 0920-1211.

AB. . . 33101), soretolide (D2916), TV1901, and 534U87. New information on the safety and efficacy of recently marketed drugs (felbamate, fosphenytoin, gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate, vigabatrin, zonisamide) and of a new antiepileptic device, the neurocybernetic prosthesis (NCP), has become available. This paper summarizes. . .

L21 ANSWER 39 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO International Journal of Clinical Pharmacology and Therapeutics, (**April, 1998**) Vol. 36, No. 4, pp. 181-194. print.
ISSN: 0946-1965.

AB. . . to discover new antiepileptic drugs effective in refractory seizures. Two major groups of drugs have emerged of which felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, and vigabatrin are among the most promising. The mechanism of action of the first group works by enhancing brain GABA activity (e.g. vigabatrin) while the second group inhibits excitatory amino acids (e.g. **lamotrigine** and felbamate). **Oxcarbazepine** acts in a similar manner to carbamazepine while gabapentin's mode of action is still unclear. The major clinical indications of. . .

L21 ANSWER 40 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Epilepsia, (**1997**) Vol. 38, No. SUPPL. 9, pp. S21-S31. print.
CODEN: EPILAK. ISSN: 0013-9580.

AB. . . in inpatients with refractory partial seizures and outpatients with newly diagnosed partial epilepsy established the efficacy of gabapentin as monotherapy. **Lamotrigine** was found to have efficacy similar to that of phenytoin and carbamazepine (CBZ) and to be better tolerated than CBZ. . . dose-response trial. A dose-response trial that tested the efficacy of tiagabine monotherapy in patients with refractory partial epilepsy was uninformative. **Oxcarbazepine** was found to be safe and efficacious in four comparative trials in patients with newly diagnosed epilepsy as well as. . .

L21 ANSWER 41 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsia, (**1997**) Vol. 38, No. 9, pp. 959-965.
CODEN: EPILAK. ISSN: 0013-9580.
AB. . . any of the currently available antiepileptic drugs (AEDs) inhibit these conductances as part of their mechanism of action. We tested **oxcarbazepine**, **lamotrigine**, and felbamate and found that they consistently inhibited voltage-activated calcium currents in cortical and striatat neurons at clinically relevant concentrations. Low micromolar concentrations of GP 47779 (the active metabolite of **oxcarbazepine**) and **lamotrigine** reduced calcium conductances involved in the regulation of transmitter release. In contrast, felbamate blocked nifedipine-sensitive conductances at concentrations significantly lower. . .

L21 ANSWER 42 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Archivio di Psicologia Neurologia e Psichiatria, (**1996**) Vol. 57, No. 4, pp. 343-360.
CODEN: APNPAD. ISSN: 0004-0150.
AB. . . be ineffective, unsafe, or to have unfavorable pharmacocinetic profile (e. g. progabide, MK 801, nafimidone). Most new AEDs (Vigabatrin, Felbamate, **Oxcarbazepine**, Gabapentin, **Lamotrigine**, Zonisamide, Flunarizine, Topiramate, Tiagabine) have primarily been tested against complex partial seizures with or without secondarily generalized seizures and have. . .

L21 ANSWER 43 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Revue Neurologique (Paris), (**1997**) Vol. 155, No. 1, pp. 21-33.
CODEN: RENEAM. ISSN: 0035-3787.
AB The introduction on the French market of vigabatrin, gabapentin and **lamotrigine** has considerably diversified our conventional therapeutical schemes in epilepsies, as will be as amplified by the arrivals of topiramate, tiagabine and **oxcarbazepine**. Compared to the conventional drugs, these new products present more favorable pharmacokinetics, no or very weak interactions and a better. . . in 30 to 50 p. 100 of the patients. A substantial number of patients can be rendered seizure-free with vigabatrin. **Lamotrigine** has a broader spectrum, as it is also efficacious on the different seizure types of generalized, symptomatic or idiopathic epilepsies.. . . ataxia, tremor or diplopia. More specifically, vigabatrin may induce weight gain and requires closer supervision in case of psychiatric history; **lamotrigine** which has also probable antidepressant properties, may induce skin rashs, rarely severe. Further data are needed for gabapentin which is. . . delayed. Nevertheless the prognosis, including cognitive outcome, is considerably improved in infantile spasms with vigabatrin and in Lennox-Gastaut syndrome with **lamotrigine** and felbamate, the latter being highly toxic. For the moment in France, authorities have limited the use of a these. . .

L21 ANSWER 44 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsia, (**1997**) Vol. 38, No. SUPPL. 1, pp. S18-S23.
CODEN: EPILAK. ISSN: 0013-9580.
AB. . . interaction profile of the recently developed AED topiramate (TPM), is reviewed and compared with those of other newer AEDs including **lamotrigine** (LTG), gabapentin (GBP), vigabatrin (VGB), and **oxcarbazepine** (OCBZ). Although none of these agents meets all of the criteria of the "ideal" AED from the pharmacokinetic standpoint, a. . .

L21 ANSWER 45 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Archives of Internal Medicine, (**1997**) Vol. 157, No. 6, pp. 605-617.
CODEN: AIMDAP. ISSN: 0003-9926.

AB. . . pharmacodynamics and drug-drug and drug-disease interactions. Some of the new antiepileptic drugs may offer advantages for use in the elderly. **Oxcarbazepine** has fewer drug interactions than carbamazepine, and gabapentin has one, a reduction of felbamate renal elimination. Vigabatrin causes little cognitive dysfunction, while drugs that reduce excitatory amino acid neurotransmission, such as **lamotrigine** and felbamate, have potentially protective effects in patients with ischemic cerebrovascular disease. The use of barbiturates, primidone, the benzodiazepine clobazam,. . .

L21 ANSWER 46 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO British Journal of Clinical Pharmacology, (**1996**) Vol. 42, No. 5, pp. 531-543.
CODEN: BCPHBM. ISSN: 0306-5251.

AB 1. After a hiatus of over 20 years, several new antiepileptic drugs (vigabatrin, **lamotrigine**, gabapentin, **oxcarbazepine**, topiramate, felbamate, zonisamide and tiagabine) have reached or approached the registration phase. 2. Compared with older agents, many new drugs. . . and gabapentin, which are renally eliminated and have a low interaction potential. 3. Unlike most of the older agents, vigabatrin, **lamotrigine**, gabapentin and tiagabine are devoid of significant enzyme inducing or inhibiting properties. Topiramate, **oxcarbazepine** and felbamate may induce the metabolism of steroid oral contraceptives. In addition, felbamate also acts as a metabolic inhibitor. 4.. . . conditions in patients with partial seizures (with or without secondary generalization) refractory to conventional treatment. However, there is evidence that **lamotrigine**, zonisamide, felbamate and, possibly, topiramate may also be effective in generalized epilepsies. 5. In placebo-controlled studies, typically between 15 and. . .

L21 ANSWER 47 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Epilepsy Research, (**1996**) Vol. 25, No. 3, pp. 299-319.
CODEN: EPIRE8. ISSN: 0920-1211.

AB. . . AEDs have been introduced worldwide and new information on their safety and efficacy has become available. These include felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, topiramate and vigabatrin. Drugs in development include those at an advanced stage, such as remacemide and tiagabine, as well as. . .

L21 ANSWER 48 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Epilepsia, (**1996**) Vol. 37, No. SUPPL. 6, pp. S34-S44.
CODEN: EPILAK. ISSN: 0013-9580.

AB. . . pregnancy outcome may be adversely affected by the established AEDs, all of which are human teratogens. Felbamate (FBM), gabapentin (GBP), **lamotrigine** (LTG), **oxcarbazepine** (OCBZ), tiagabine (TGB), topiramate (TPM), and vigabatrin (VGB) were reviewed. The preclinical development process had not addressed all the issues. . .

L21 ANSWER 49 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Epilepsia, (**1996**) Vol. 37, No. SUPPL. 6, pp. S12-S16.
CODEN: EPILAK. ISSN: 0013-9580.

AB This article surveys the pharmacokinetic parameters for the new antiepileptic drugs (AEDs): felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate, and vigabatrin. Compared to the pharmacokinetics of standard AEDs, these new AEDs have progressed in terms of (a). . .

L21 ANSWER 50 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Saudi Medical Journal, (**1996**) Vol. 17, No. 4, pp. 428-436.
ISSN: 0379-5284.
AB. . . of antiepileptic drugs has made rational antiepileptic drug design possible, resulting in the marketing of seven new compounds: felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, progabide, vigabatrin and zonisamide. Their clinical and pharmacokinetic properties are reviewed. Felbamate, effective against partial seizures and Lennox-Gastaut syndrome, can. . . withdrawal of the drug. Gabapentin, licensed as adjunctive therapy in partial seizures, appears to have the most promising pharmacokinetic properties. **Lamotrigine** has a broad antiepileptic spectrum and is well tolerated. **Oxcarbazepine** has the same antiepileptic profile as carbamazepine, but has fewer side effects. Progabide appears to be of limited therapeutic value. . .

L21 ANSWER 51 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Neurology, (**1996**) Vol. 47, No. 2, pp. 557-562.
CODEN: NEURAI. ISSN: 0028-3878.
AB We studied the action of the new antiepileptic drugs **lamotrigine** (LTG), GP 47779 (the active metabolite of **oxcarbazepine**), and felbamate (FBM) on stimulus-evoked field potentials recorded from rat prefrontal and frontal cortical slices. In the presence of physiologic. . .

L21 ANSWER 52 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Naunyn-Schmiedeberg's Archives of Pharmacology, (**1996**) Vol. 354, No. 2, pp. 164-172.
CODEN: NSAPCC. ISSN: 0028-1298.
AB **Lamotrigine**, carbamazepine and **oxcarbazepine** inhibit veratrine-induced neurotransmitter release from rat brain slices in concentrations corresponding to those reached in plasma or brain in experimental. . . inhibitor L-trans-pyrrolidine-2,4-dicarboxylic acid (1 mM in perfusion medium). Maximally effective anticonvulsant doses of carbamazepine (30 mg/kg), oxycarbazepine (60 mg/kg) and **lamotrigine** (15 mg/kg) were given orally. The uptake inhibitor increased extracellular glutamate and aspartate about 2-fold in striatum and about 7-fold. . . same doses did cause about 50% inhibition of the veratridine-induced increase in extracellular glutamate. Carbamazepine and to a lesser extent **lamotrigine**, but not **oxcarbazepine**, also inhibited the veratridine-induced increase in extracellular aspartate in the cortex. Although our results might seem to support the view that inhibition of glutamate and aspartate release is responsible for the anticonvulsant effects of **lamotrigine**, carbamazepine and **oxcarbazepine**, two complementary findings argue against this interpretation. First, as previously shown, inhibition of electrically induced release of glutamate requires 5. . .

L21 ANSWER 53 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsia, (**1996**) Vol. 37, No. SUPPL. 2, pp. S8-S13.
CODEN: EPILAK. ISSN: 0013-9580.
AB. . . AEDs with improved pharmacokinetic characteristics would be welcomed. The pharmacokinetic profiles of six newer AEDs-topiramate (TPM), gabapentin (GBP), vigabatrin (VGB), **lamotrigine** (LTG), **oxcarbazepine** (OCBZ), and felbamate-were reviewed. Some of these AEDs offer an improvement in one or more pharmacokinetic parameters compared with traditional. . .

L21 ANSWER 54 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Indian Journal of Pediatrics, (**1996**) Vol. 63, No. 2, pp. 233-241.
CODEN: IJPEA2. ISSN: 0019-5456.

AB. . . been added to the anti-epileptic arsenal. This review focusses on five of these drugs which have undergone extensive trials: Vigabatrin, **Lamotrigine**, Gabapentin, Felbamate and **Oxcarbazepine**. Some of these antiepileptic drugs appear to be helpful for treatment of catastrophic childhood epilepsies. Vigabatrin appears promising in children. . . with infantile spasms who do not respond to ACTH or Prednisolone. Children with Lennox-Gastaut syndrome may respond to treatment with **Lamotrigine** or Vigabatrin. Gabapentin and Vigabatrin have proved to be effective in refractory partial seizures. **Oxcarbazepine**, a ketoderivative of Carbamazepine, is as effective as Carbamazepine but has a better safety profile. Lesser neurotoxicity and fewer drug. . .

L21 ANSWER 55 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Indian Journal of Pharmacology, (**1996**) Vol. 28, No. 1, pp. 1-10.
CODEN: INJPD2. ISSN: 0253-7613.

AB. . . well being. Progabide, a GABA agonist, has not been well accepted clinically because of its controversial clinical efficacy and hepatotoxicity. **Lamotrigine**, **oxcarbazepine**, fosphenytoin, flunarizine and topiramate have antiepileptic profile similar to phenytoin. The first three of these compounds act through Na+ channel, however the mechanism of flunarizine and topiramate is not clear. Fosphenytoin and **oxcarbazepine** are prodrugs and offer advantages of better bioavailability and less toxicity. **Lamotrigine**, flunarizine and topiramate are effective in partial seizures. Midazolam, a benzodiazepine, is effective even in status epilepticus refractory to diazepam. . . have opened a new vista in the treatment of epilepsies but most of these compounds are under investigation and vigabatrin, **lamotrigine**, felbamate, **oxcarbazepine** and gabapentin are most studied of these antiepileptic compounds.

L21 ANSWER 56 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Epilepsy Research, (**1995**) Vol. 22, No. 3, pp. 235-246.
CODEN: EPIRE8. ISSN: 0920-1211.

AB. . . drugs have been introduced worldwide. and new information on their safety and efficacy has become available. These include felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, and vigabatrin. Drugs in development include those at an advanced stage, such as topiramate and tiagabine, as well as those. . .

L21 ANSWER 57 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Clinical Pharmacokinetics, (**1995**) Vol. 29, No. 5, pp. 341-369.
CODEN: CPKNDH. ISSN: 0312-5963.

AB. . . antiepileptic drugs (AEDs) in paediatric patients. It reviews 139 papers published since 1969 on the pharmacokinetics of phenytoin, carbamazepine, sulthiame, **lamotrigine** (phenyltriazine), vigabatrin, **oxcarbazepine** and felbamate in this population. The pharmacokinetics of phenytoin are significantly affected by age. The terminal elimination half-life (t-1/2z) is. . . carbamazepine plasma concentrations. Drug-induced changes in carbamazepine kinetics are particularly pronounced in children. In children, a higher dose/kg of sulthiame, **lamotrigine**, **oxcarbazepine** and felbamate than in adults is required to obtain an effective plasma concentration. The published data do not support the. . .

L21 ANSWER 58 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

SO Fortschritte der Neurologie Psychiatrie, (**1995**) Vol. 63, No. 8,

pp. 320-335.
ISSN: 0720-4299.
AB. . . and of new substances which have been launched or will be launched in the near future in germany such as **lamotrigine**, vigabatrin, gabapentin and **oxcarbazepine**, are initially presented with regard to epilepsies, and there after in the context of prophylaxis and treatment of psychic diseases.. . .

L21 ANSWER 59 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsia, (**1995**) Vol. 36, No. SUPPL. 2, pp. S2-S12.
CODEN: EPILAK. ISSN: 0013-9580.
AB. . . process of GBP into neurons; however, this has not been proven, and the mechanism of action of GBP remains uncertain. **Lamotrigine** (LTG) decreases sustained high-frequency repetitive firing of voltage-dependent sodium action potentials that may result in a preferential decreased release of presynaptic glutamate. The mechanism of action of **oxcarbazepine** (OCBZ) is not known; however, its similarity in structure and clinical efficacy to CBZ suggests that its mechanism of action. . .

L21 ANSWER 60 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Pharmacological Research, (**1995**) Vol. 31, No. 3-4, pp. 155-162.
CODEN: PHMREP. ISSN: 1043-6618.
AB. . . two principal groups of drugs have been developed: the first enhancing brain GABA activity (vigabatrin); the second inhibiting excitatory amino-acids (**lamotrigine** and felbamate). **Oxcarbazepine** has the same mechanism of action as carbamazepine, whereas gabapentin's mechanism is still uncertain. The major clinical indications of these. . .

L21 ANSWER 61 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsia, (**1994**) Vol. 35, No. SUPPL. 5, pp. S22-S24.
CODEN: EPILAK. ISSN: 0013-9580.
AB Vigabatrin, **lamotrigine**, and **oxcarbazepine** are three of the many new antiepileptic drugs (AEDs) already registered in several countries that highlight some of the typical. . .

L21 ANSWER 62 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Canadian Journal of Neurological Sciences, (**1994**) Vol. 21, No. 3, pp. S17-S20.
CODEN: CJNSA2. ISSN: 0317-1671.
AB. . . United States from 1978 to 1992. In late 1992, felbamate and gabapentin were recommended for approval, and in early 1993, **lamotrigine**. In July 1993, felbamate was licensed, and gabapentin and **lamotrigine** may soon follow. **Lamotrigine**, vigabatrin and clobazam are in use outside the US. Tiagabine, **oxcarbazepine**, fosphenytoin, topiramate, vigabatrin and zonisamide are in Phase II clinical testing in the US. All of the new AEDs are. . .

L21 ANSWER 63 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Epilepsia, (**1994**) Vol. 35, No. SUPPL. 4, pp. S29-S40.
CODEN: EPILAK. ISSN: 0013-9580.
AB Among some 14 new antiepileptic drugs (AEDs), those most extensively tested in humans include felbamate (FBM), gabapentin (GBP), **lamotrigine** (LTG), **oxcarbazepine** (OCBZ), vigabatrin (VGB), and zonisamide (ZNS). All are currently marketed in some but not all countries. Although no large, comparative. . .

L21 ANSWER 64 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Pharmacological Research, (**1993**) Vol. 28, No. 2, pp. 89-106.
CODEN: PHMREP. ISSN: 1043-6618.
AB. . . lasted for more than two decades, several promising new compounds have undergone clinical evaluation and a few of these (vigabatrin, **lamotrigine**, **oxcarbazepine**, zonisamide) are now commercially available in some countries. Some of the new agents represent structural analogues of pre-existing drugs in an attempt to improve the therapeutic index of the latter (e.g., **oxcarbazepine**), while others were rationally designed to interfere selectively with inhibitory (vigabatrin) or excitatory (NMDA receptor antagonists) neurotransmission in the brain.. . .

L21 ANSWER 65 OF 200 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO Clinical Pharmacokinetics, (**1992**) Vol. 23, No. 3, pp. 216-230.
CODEN: CPKNDH. ISSN: 0312-5963.
AB. . . principles can be used in the treatment of treat self-poisoning with anticonvulsants.There are few data availableon the pharmacokinetics of vigabatrin, **lamotrigine**, **oxcarbazepine** and gabapentin in patients. Due to its mode of action in binding irreversibly to its target enzyme, serum concentration monitoring. . . in optimising therapy. The value of applying pharmacokinetic principles with the other 3 drugs remains to be investigated. Of these, **lamotrigine** seems the most likely candidate for a pharmacokinetic approach.

L21 ANSWER 66 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Interindividual Variability in Human Drug Metabolism (**2001**), 157-180. Editor(s): Pacifici, G. M.; Pelkonen, O. Publisher: Taylor & Francis Ltd., Basingstoke, UK.
CODEN: 69EDZN; ISBN: 0-7484-0864-9
AB A review about the variability in metab of anti-epileptic drugs such as phenytoin, carbamazepine, **oxcarbazepine**, valproic acid, **lamotrigine**, topiramate, zonisamide, etc., and their therapeutic implications.

L21 ANSWER 67 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Expert Opinion on Pharmacotherapy (**2002**), 3(10), 1411-1420
CODEN: EOPHF7; ISSN: 1465-6566
AB . . . as well as neuropathic pain. Both first-generation anticonvulsant drugs (e.g., phenytoin, benzodiazepines, valproate and carbamazepine) and second-generation anticonvulsant drugs (e.g., **lamotrigine**, gabapentin and topiramate) are used in CP conditions. However, few randomized controlled trials on the treatment of this condition have been published. Present suggestions for anticonvulsant treatment of CP are **lamotrigine** as the first choice, followed by gabapentin or carbamazepine/**oxcarbazepine**. These compds. are considered as effective as the antidepressant amitriptyline.

L21 ANSWER 68 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Clinical Pharmacokinetics (**2002**), 41(8), 559-579
CODEN: CPKNDH; ISSN: 0312-5963
AB . . . addresses the established or "first-generation" AEDs (phenobarbital, phenytoin, primidone, carbamazepine, ethosuximide and valproic acid) and the "second-generation" AEDs (felbamate, gabapentin, **lamotrigine**, levetiracetam, **oxcarbazepine**, tiagabine, topiramate, vigabatrin and zonisamide). Although a relationship between hormones and seizure activity is present in many women, good treatment. . .

L21 ANSWER 69 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Neurology (**2002**), 58(12, Suppl. 7), S6-S12
CODEN: NEURAI; ISSN: 0028-3878

AB A review. During the past decade, eight new antiepileptic medications (AED), including felbamate (FBM), gabapentin (GBP), **lamotrigine** (LTG), levetiracetam (LEV), **oxcarbazepine** (OXC), tiagabine (TGB), topiramate (TPM), and zonisamide (ZNS), have been approved in the United States. In multicenter controlled clin. trials,. . .

L21 ANSWER 70 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO CNS Drugs (**2002**), 16(4), 263-272
CODEN: CNDREF; ISSN: 1172-7047
AB . . . studies were undertaken to look for possible interaction between AEDs and the combined oral contraceptive pill. Phenobarbital (phenobarbitone), phenytoin, carbamazepine, **oxcarbazepine**, felbamate, and topiramate were shown to increase the metabolism of ethinylestradiol and progestogens. Therefore, if a women is on 1. . . the combined oral contraceptive pill, progesterone-only pill, medroxyprogesterone injections, or levonorgestrel implants and the AEDs valproic acid (sodium valproate), vigabatrin, **lamotrigine**, gabapentin, tiagabine, levetiracetam, zonisamide, ethosuximide, and the benzodiazepines. Therefore, normal dose contraceptive prepns. can be used in patients receiving these. . .

L21 ANSWER 71 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Drugs (**2002**), 62(4), 593-604
CODEN: DRUGAY; ISSN: 0012-6667
AB A review. Several "new" antiepileptic drugs (AEDs), i.e. **oxcarbazepine**, vigabatrin, **lamotrigine**, zonisamide, gabapentin, tiagabine, topiramate and levetiracetam have been introduced into clin. practice within the last decade. Most of these new. . .

L21 ANSWER 72 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Yaoxue Fuwu Yu Yanjiu (**2001**), 1(1), 57-60
CODEN: YFYYAH; ISSN: 1671-2838
AB . . . anticonvulsants to instruct clin. rational administration. Methods: the authors collected the adverse reactions of new anticonvulsants, such as gabapentin, felbamate, **lamotrigine**, **oxcarbazepine** and tiagabine in body through literatures in home and abroad. Results: There were all kinds of adverse reactions in these. . .

L21 ANSWER 73 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO European Journal of Pain (London, United Kingdom) (**2002**), 6(Suppl. A), 3-9
CODEN: EJPAFJ; ISSN: 1090-3801
AB . . . compound is not yet available. However, during the last few years several new anticonvulsants have appeared (e.g. vigabatrine, gabapentin, topiramate, **lamotrigine**, tiagabine, felbamate and **oxcarbazepine**) which may challenge the older, more established substances (i.e. phenytoin, benzodiazepines, phenobarbital, valproate, carbamazepine and ethosuximide). Interestingly, several of the. . .

L21 ANSWER 74 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO . . . in the New Millennium, [International Congress on Frontiers in Pharmacology and Therapeutics in 21st Century], New Delhi, India, Dec., 1999 (**2001**), Meeting Date 1999, 388-402. Editor(s): Gupta, S. K. Publisher: Kluwer Academic Publishers, Norwell, Mass.
CODEN: 69CAIL
AB A review discusses the advantages and disadvantages of new antiepileptic drugs (AEDs), i.e., felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate, vigabatrin and zonisamide. The pharmacokinetic profile of some of these drugs, their indications, and major side effects are. . .

L21 ANSWER 75 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Expert Opinion on Pharmacotherapy (**2001**), 2(10), 1597-1608

CODEN: EOPHF7; ISSN: 1465-6566

AB . . . treatments. The differential therapeutic roles of anticonvulsants, however, remain largely undetd. The author reviews the available efficacy data for carbamazepine, **oxcarbazepine**, valproate, **lamotrigine**, gabapentin and topiramate. Valproate is efficacious in the monotherapy of acute manic presentations but confirmatory evidence of the efficacy of. . . may provide a therapeutic advantage over lithium in non-classic bipolar conditions such as mixed mood states and rapid cycling conditions. **Lamotrigine** is unique among the anticonvulsants in its monotherapy efficacy for bipolar I depression. Emerging data also suggest a role for **lamotrigine** in the adjunctive treatment of depressive mixed states and rapid cycling conditions in the absence of prominent manic symptoms. Controlled. . . the treatment of other aspects of affective illness remains uncertain. Definitive statements regarding the differential psychotropic use of topiramate and **oxcarbazepine** are not possible, though active investigation is underway to better characterize the utility of topiramate. The author suggests that current. . .

L21 ANSWER 76 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN

SO Chromatographia (**2001**), 54(5/6), 345-349
CODEN: CHRGB7; ISSN: 0009-5893

AB A very rapid, sensitive and reproducible HPLC method was developed for simultaneous determination of eight anti-epileptic drugs (AEDs): **lamotrigine**, primidone, ethosuximide, sulthiame, felbamate, phenobarbital, carbamazepine, phenytoin and **oxcarbazepine** -metabolite (10-hydroxy-carbazepine) in human serum. Sample purification requires only protein precipitation with an appropriate reagent. Separation was by reversed-phase HPLC, using. . .

L21 ANSWER 77 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN

SO Drug Safety (**2001**), 24(7), 513-536
CODEN: DRSAEA; ISSN: 0114-5916

AB . . . considerable database of information, in terms of the number of patients treated and/or the number of published reports, on vigabatrin, **lamotrigine**, gabapentin and topiramate. **Oxcarbazepine** has been available in some centers for several years and there is extensive experience with the drug in Scandinavia. It. . . of behavioral disturbance with gabapentin in children may be related to dose escalation. Behavioral disturbance as a direct result of **lamotrigine** seems to be uncommon, although indirect effects on behavior, through the so-called "release phenomenon" from improved seizure control and consequent ability to misbehave, can occur. Pos. behavioral effects have been described with several of the new anti-convulsants, particularly gabapentin, **lamotrigine** and **oxcarbazepine** ; all of these drugs may have mood-leveling effects that could be of value in treating affective disorders. The information on. . .

L21 ANSWER 78 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN

SO Drugs & Aging (**2000**), 17(6), 441-452
CODEN: DRAGE6; ISSN: 1170-229X

AB . . . to protein, and has a favorable adverse effect profile and thus may be useful in the treatment of elderly patients. **Lamotrigine** reduced seizures between 20 and 30% in trials. Dose response was between 300mg per day and 500mg per day. This drug was well tolerated in open-label trials. Rash occurred in younger patients. **Oxcarbazepine** is rapidly absorbed and is converted to a monohydroxy derivative Use with hepatic enzyme-inducing drugs necessitates an increase in dose.. . .

L21 ANSWER 79 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN

SO Biological Psychiatry (**2000**), 48(6), 539-557
CODEN: BIPCBF; ISSN: 0006-3223

AB . . . acute mania: the novel antipsychotics, which include clozapine, olanzapine, quetiapine, risperidone, and ziprasidone, and the new antiepileptics, which include gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate, and zonisamide. We conclude that although controlled data are accumulating to support the efficacy of several atypical antipsychotics. . .

L21 ANSWER 80 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Pharmacotherapy (**2000**), 20(8, Pt. 2), 129S-138S
CODEN: PHPYDQ; ISSN: 0277-0008
AB . . . have been introduced, with the promise of improved seizure control and minimal side effects. The new antiepileptic drugs (AEDs)-felbamate, gabapentin, **lamotrigine**, tiagabine, topiramate, vigabatrin and **oxcarbazepine**-have demonstrated superior efficacy for some with refractory epilepsy. In addition, the new agents frequently are better tolerated when used as. . .

L21 ANSWER 81 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Drugs (**2000**), 60(1), 23-33
CODEN: DRUGAY; ISSN: 0012-6667
AB A review with 133 refs. The tolerability and drug interaction profiles of 6 new anticonvulsants: **oxcarbazepine**, vigabatrin, **lamotrigine**, gabapentin, tiagabine and topiramate, are reviewed. In general, these new anticonvulsants are well tolerated and drug interaction problems are minor with the exception of the risk of failure of oral contraceptives during treatment with **oxcarbazepine** or topiramate. In this review, the clin. implications of the tolerability of these drugs are discussed for different patient groups.. . .

L21 ANSWER 82 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Drug Safety (**2000**), 23(1), 35-56
CODEN: DRSAEA; ISSN: 0114-5916
AB . . . movement disorders and psychiatric disturbances. Felbamate should only be prescribed under close medical supervision because of aplastic anemia and hepatotoxicity. **Lamotrigine** causes hypersensitivity reactions that range from simple morbilliform rashes to multi-organ failure. Psychiatric ADRs and deterioration of seizure control have also been reported with **lamotrigine** treatment. **Oxcarbazepine** has a safety profile similar to that of carbamazepine. Hyponatremia associated with **oxcarbazepine** is also a problem; however, it is less likely to cause rash than carbamazepine. Nonconvulsive status epilepticus has been reported. . .

L21 ANSWER 83 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Expert Opinion on Pharmacotherapy (**2000**), 1(4), 633-674
CODEN: EOPHF7; ISSN: 1465-6566
AB . . . ten new drugs have entered the worldwide market (not all in the US). Those released include felbamate (FBM), gabapentin (GBP), **lamotrigine** (LTG), topiramate (TPM), tiagabine (TGB), **oxcarbazepine** (OXC), levetiracetam (LVT), zonisamide (ZNS), clobazam (CLB) and vigabatrin (VGB). The purpose of this article is to review each of. . .

L21 ANSWER 84 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Current Pharmaceutical Design (**2000**), 6(8), 879-900
CODEN: CPDEFP; ISSN: 1381-6128
AB . . . use in children. The childhood epilepsy syndromes are reviewed as well as the newer antiepileptic drug treatments - felbamate, gabapentin, **lamotrigine**, levetiracetam, **oxcarbazepine**, tiagabine, topiramate, and zonisamide. Efficacy data and toxicity are discussed from both the adult, and when available, pediatric data.

L21 ANSWER 85 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Current Pharmaceutical Design (**2000**), 6(8), 839-860

CODEN: CPDEFP; ISSN: 1381-6128

AB A review with 168 refs. In recent years several new drugs (**oxcarbazepine**, **lamotrigine**, topiramate, gabapentin, zonisamide, tiagabine, fosphenytoin, vigabatrin and felbamate) have been added to the therapeutic armamentarium against epilepsy. Some of these. . . to another. Some (gabapentin and vigabatrin) are eliminated unchanged in urine and have little or no interaction potential; others (tiagabine, **lamotrigine**, topiramate, **oxcarbazepine**, zonisamide, felbamate) are subject to induction of metabolism by concomitant anticonvulsants; **lamotrigine** is vulnerable to metabolic inhibition by valproate, and felbamate is a powerful enzyme inhibitor in addition to being an inducer. . . drugs have been found to be effective in improving seizure control in patients with partial and secondarily generalized seizures. However, **lamotrigine**, topiramate, zonisamide and felbamate appear to have broader efficacy against both partial and many generalized seizure types, while vigabatrin is. . .

L21 ANSWER 86 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN

SO Clinical Pharmacokinetics (**2000**), 38(4), 355-365
CODEN: CPKNDH; ISSN: 0312-5963

AB . . . placing more women at risk of potential drug interactions that may lead to contraceptive failure. Second-generation anticonvulsants include felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate, vigabatrin and zonisamide. Most have been approved for adjunctive management of seizures refractory to therapy with traditional anticonvulsants. On the basis of available study data in women receiving concomitant OC prepns., gabapentin, **lamotrigine**, tiagabine and vigabatrin may be administered without significant pharmacokinetic interactions that potentially diminish contraceptive efficacy. However, addnl. or alternative contraceptive measures, including using OCs with higher estrogen content, are recommended when using felbamate, **oxcarbazepine** and topiramate, as these agents have demonstrated enzyme-inducing activity leading to reduced plasma steroid concns. The effects of zonisamide in. . .

L21 ANSWER 87 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN

SO Journal of Clinical Neuroscience (**2000**), 7(2), 88-101
CODEN: JCNUE6; ISSN: 0967-5868

AB A review is given with 270 refs. on a new cohort of antiepileptic drugs comprising vigabatrin, **lamotrigine**, gabapentin, topiramate, tiagabine, felbamate, **oxcarbazepine**, and zonisamide. They have different action mechanisms and differ from traditional drugs. All have undergone multicenter clin. trials. They have. . .

L21 ANSWER 88 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN

SO CNS Drugs (**2000**), 13(2), 117-128
CODEN: CNDREF; ISSN: 1172-7047

AB . . . ideal as drugs of first choice in patients with epilepsy who are mentally retarded. Both valproic acid (sodium valproate) and **lamotrigine** are favored for use in these patients because of their broad spectra of anticonvulsant activity and thus efficacy in different. . . certain seizure types but can be chosen for some patients who are mentally retarded because of its mood stabilizing properties. **Oxcarbazepine** has similar properties to those of carbamazepine but with a better tolerability profile. Vigabatrin, felbamate, gabapentin, topiramate, tiagabine and zonisamide. . .

L21 ANSWER 89 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN

SO CNS Drugs (**1999**), 12(1), 21-33
CODEN: CNDREF; ISSN: 1172-7047

AB . . . adjusted for changes in metabolism Although phenytoin continues to be the most commonly prescribed anticonvulsant, newer medications such as gabapentin, **oxcarbazepine** and **lamotrigine** seem to have more favorable tolerability profiles. The choice of anticonvulsant should

be tailored to the individual patient, initiating therapy. . .

L21 ANSWER 90 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Progress in Neurobiology (Oxford) (**1999**), 58(5), 389-407
CODEN: PGNBA5; ISSN: 0301-0082
AB . . . phenobarbital, carbamazepine, valproic acid, primidone and benzodiazepines, the review shows the possible advantages of new AEDs, such as felbamate, gabapentin, **lamotrigine**, **oxcarbazepine** and γ-vinyl-GABA, which may be used in the elderly too for their good tolerability. A careful control of drug assumption. . .

L21 ANSWER 91 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Emerging Drugs (**1999**), 4, 87-106
CODEN: EMDRFV; ISSN: 1361-9195
AB . . . are refractory to therapy. The past decade has seen the licensing of eight new drugs worldwide (felbamate (Felbatol), gabapentin (Neurontin), **lamotrigine** (Lamictal), **oxcarbazepine** (Trileptal), tiagabine (Gabitril), topiramate (Topamax), vigabatrin (Sabril) and zonisamide (Zonegran). However, these drugs have made little impact on the prognosis. . .

L21 ANSWER 92 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Revisiones en Psicofarmacologia (**1998**), 2(3), 7-14
CODEN: RPSIF5; ISSN: 1138-7165
AB . . . and maintenance therapy in bipolar disorders. New anticonvulsants with better pharmacokinetic profiles may emerge as good alternative choices. Gabapentin and **lamotrigine**, zonisamide, topiramate, and **oxcarbazepine** seem to have a solid theor. and empirical background to be prescribed in refractory patients. In the future they may become first choice agents for the treatment of bipolar patients if controlled studies confirm preliminary findings. Gabapentin and **lamotrigine** could be specially useful in patients with predominant depressive episodes, in contrast to classic anticonvulsant drugs. The only disadvantages of these drugs are difficulties in finding the right dosage for gabapentin and the risk of serious rash from **lamotrigine**.

L21 ANSWER 93 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Expert Opinion on Therapeutic Patents (**1998**), 8(4), 361-381
CODEN: EOTPEG; ISSN: 1354-3776
AB . . . anti-epileptic drugs (AEDs), and new candidate drugs with novel structures. The 1st category includes derivs. and analogs of carbamazepine and **oxcarbazepine**, felbamate, **lamotrigine**, phenytoin, tiagabine, gopiramate and valproate. The secondary category describes compds. structurally unrelated to those AEDs, and includes acids and their. . .

L21 ANSWER 94 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Drug Safety (**1997**), 17(4), 228-240
CODEN: DRSAEA; ISSN: 0114-5916
AB . . . through inhibition of reuptake and catabolism resp. However, the mechanism of action of gabapentin is unknown and those of felbamate, **lamotrigine** and topiramate are not sufficiently clarified as yet, and may be multiple. Great advances have been made in improving the. . . pharmacokinetic properties as they are not bound to proteins, are excreted mostly unchanged in the urine and show linear pharmacokinetics. **Lamotrigine** possesses a highly variable elimination half-life depending on the co-medication. Tiagabine is highly protein bound and zonisamide shows nonlinear pharmacokinetics;. . . not being unique, are particularly associated with that drug. For example, felbamate may cause aplastic anemia and fulminant liver failure, **lamotrigine** is prone to cause skin rash, and **oxcarbazepine** may cause symptomatic hyponatremia. Topiramate and zonisamide cause kidney stones,

and vigabatrin may induce psychiatric syndromes. Although highly diverse in. . .

L21 ANSWER 95 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Clinical Pharmacokinetics (**1997**), 33(3), 214-224
CODEN: CPKNDH; ISSN: 0312-5963
AB . . . sodium) clearance by felbamate is through the inhibition of β-oxidation No clin. relevant pharmacokinetic interactions were noted between felbamate and **lamotrigine**, clonazepam, vigabatrin, nor the active monohydroxy metabolite of **oxcarbazepine**. Information on the mechanisms underlying felbamate's drug:drug interaction profile permits predictions to be made concerning the likelihood of interactions with. . .

L21 ANSWER 96 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Pharmacy World & Science (**1997**), 19(2), 60-69
CODEN: PWSCED; ISSN: 0928-1231
AB . . . for treatment with antiepileptic drugs and the history of development of the classical anticonvulsant drugs. Eight new drugs, including vigabatrin, **lamotrigine**, felbamate, **oxcarbazepine**, gabapentin, tiagabine, levetiracetam and topiramate are discussed. A review of their pharmacol. and clin. properties is presented. Dutch experience with. . .

L21 ANSWER 97 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO CNS Drugs (**1997**), 7(2), 98-110
CODEN: CNDREF; ISSN: 1172-7047
AB . . . valproate are also effective. Transient relief is sometimes possible with local anesthetics. Limited data suggest that topical capsaicin, and tizanidine, **lamotrigine**, **oxcarbazepine**, pyridostigmine and enalapril have helped some patients. While effective, other drugs are limited by their adverse effects; for example, clonazepam. . .

L21 ANSWER 98 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Clinical Pharmacokinetics (**1996**), 31(6), 470-493
CODEN: CPKNDH; ISSN: 0312-5963
AB . . . primidone and carbamazepine are potent inducers of cytochrome P 450 (CYP), epoxide hydrolase and uridine diphosphate glucuronosyltransferase (UDPGT) enzyme systems; **oxcarbazepine** is a weak inducer of CYP enzymes, probably acting on a few specific isoforms only. All stimulate the rate of. . . of other enzyme systems. Topiramate is an inducer of specific CYP isoforms and an inhibitor of other isoforms. Ethosuximide, vigabatrin, **lamotrigine**, gabapentin and possibly zonisamide and tiagabine have no significant effect on hepatic drug metabolism Apart from vigabatrin and gabapentin, which. . . clin. monitoring, but others require prompt dosage adjustment. From a practical point of view, if valproic acid is added to **lamotrigine** or phenobarbital therapy, or if felbamate is added to phenobarbital, phenytoin or valproic acid therapy, or if felbamate is added. . . the dosage of the first drug is recommended to avoid toxicity. Conversely, if a strong inducer is added to carbamazepine, **lamotrigine**, valproic acid or ethosuximide monotherapy, a significant decrease in their plasma concns. is expected within days or weeks, with a. . .

L21 ANSWER 99 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Clinical Pharmacokinetics (**1996**), 31(4), 309-324
CODEN: CPKNDH; ISSN: 0312-5963
AB . . . carbamazepine and increases concns. of its metabolite carbamazepine-10,11-epoxide. Concns. of felbamate itself are reduced by phenytoin and carbamazepine. Concns. of **lamotrigine** are considerably increased by valproic acid and decreased by phenytoin, carbamazepine and phenobarbital (phenobarbitone). Vigabatrin reduces

serum concns. of phenytoin. . . antiepileptics have the important advantage of not interfering with the metabolism of other antiepileptics; this is the case for gabapentin, **lamotrigine** and **oxcarbazepine**. Furthermore, the pharmacokinetics of gabapentin, **oxcarbazepine** and vigabatrin are independent of concomitant drugs. These aspects are especially important as, until now, new antiepileptics have been most. . .

L21 ANSWER 100 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO CNS Drugs (**1996**), 6(2), 148-166
CODEN: CNDREF; ISSN: 1172-7047
AB . . . review provides a comparison of conventional [phenobarbital (phenobarbitone), phenytoin, primidone, carbamazepine, ethosuximide and valproic acid (sodium valproate)] and newer (felbamate, **oxcarbazepine**, zonisamide, vigabatrin, gabapentin and **lamotrigine**) anticonvulsants. The advantages and disadvantages of the older agents are well documented, because they have been administered to large nos.. . . 2 drugs. Dizziness, vertigo, diplopia and motor incoordination characterize the acute toxicity of phenytoin and carbamazepine, and can occur when **lamotrigine** is coadministered with carbamazepine. Drug-induced stupor or coma is a rare adverse effect of valproic acid and vigabatrin. The initiation. . . Sedation, drowsiness, fatigue and dizziness are common consequences of phenobarbital, primidone and zonisamide therapy. Other anticonvulsants usually produce minimal sedation. **Lamotrigine** may cause insomnia in adults. Phenytoin may slow motor functioning. Occasionally, phenytoin and valproic acid have been responsible for a. . . agents. Phenobarbital, primidone, phenytoin and carbamazepine have been reported to induce clin., and more often biol., signs of osteomalacia, while **oxcarbazepine** has not. Hyponatremia may be a complication of carbamazepine and **oxcarbazepine** therapy. The other older and newer anticonvulsants do not modify electrolyte levels. All conventional anticonvulsants are metabolized in the liver,. . . and gabapentin, that are unlikely to cause drug interactions, as well as from drugs with moderate protein binding, such as **lamotrigine**. Limited data suggest that the newer drugs are well tolerated in this age group, even in the presence of some. . .

L21 ANSWER 101 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Clinical Pharmacokinetics (**1996**), 31(1), 29-46
CODEN: CPKNDH; ISSN: 0312-5963
AB A review with 120 refs. Following the introduction of felbamate, gabapentin, **lamotrigine**, **oxcarbazepine** and vigabatrin in the early 1990s, other new antiepileptic drugs have been advancing in clin. development. Those most extensively evaluated. . .

L21 ANSWER 102 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Clinical Pharmacokinetics (**1996**), 30(6), 403-415
CODEN: CPKNDH; ISSN: 0312-5963
AB The clin. pharmacokinetics of the 4 antiepileptic drugs **lamotrigine**, vigabatrin, gabapentin and **oxcarbazepine** have been reviewed in this paper. A review with 100 refs. All the drugs have linear kinetics and reliable absorption,. . . apart from gabapentin, which has a short half-life and a midday dose is needed. Unlike may of the older drugs, **lamotrigine**, vigabatrin and gabapentin have a predominantly renal excretion and are not metabolized through the cytochrome P 450 system. They do. . . important interactions with other major classes of drugs metabolized this way, such as anticoagulants or steroid hormones, do not occur. **Oxcarbazepine**, however, can cause oral contraceptive pill failure. **Oxcarbazepine** is immediately metabolized to a hydroxy metabolite and could be considered a prodrug. It appears to have fewer pharmacokinetic interactions than carbamazepine. Valproic acid (sodium valproate) inhibits the glucuronidation of **lamotrigine** and

increases its half-life; when used together, dosage modification of **lamotrigine** is needed to avoid toxicity.

L21 ANSWER 103 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Expert Opinion on Investigational Drugs (**1995**), 4(10), 955-62
CODEN: EOIDER; ISSN: 0967-8298
AB . . . trend towards rational drug design, the mechanisms of action for several new AEDs remain uncertain. Seven newer AEDs (felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, piracetam, vigabatrin and zonisamide) have been licensed around the world during the last few years. The objective of this review. . .

L21 ANSWER 104 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Pharmacology & Therapeutics (**1995**), 67(3), 351-84
CODEN: PHTHDT; ISSN: 0163-7258
AB A review, with many refs. We have reviewed the pharmacokinetics of six antiepileptic drugs that are marketed (felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, vigabatrin, and zonisamide) and six drugs that are undergoing evaluation (levetiracetam, ralitoline, remacemide, stiripentol, tiagabine, and topiramate). In addition, we. . .

L21 ANSWER 105 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO CNS Drugs (**1994**), 2(4), 268-79
CODEN: CNDREF; ISSN: 1172-7047
AB . . . a drug that behaves in a similar manner to an enzyme inhibitor, but it may also have weak inducing properties. **Lamotrigine** has limited effects on other AEDs, but is strongly induced or inhibited by other AEDs. **Oxcarbazepine**, zonisamide, vigabatrin and gabapentin have either limited or no clin. significant drug interactions. As well as drug interactions between AEDs,. . .

L21 ANSWER 106 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Drugs (**1994**), 48(2), 153-71
CODEN: DRUGAY; ISSN: 0012-6667
AB . . . have been tested. Most recently, 5 new antiepileptic drugs have been launched onto European and US markets. These include vigabatrin, **oxcarbazepine** and **lamotrigine** in Europe, and felbamate and gabapentin in the US. In addition to these, 3 addnl. drugs are in the clin.. . .

L21 ANSWER 107 OF 200 CAPLUS COPYRIGHT 2006 ACS on STN
SO Clinical Pharmacokinetics (**1993**), 24(6), 441-52
CODEN: CPKNDH; ISSN: 0312-5963
AB A review with 71 refs. on the pharmacokinetics of the following 10 new antiepileptic drugs: felbamate, fularizine, gabapentin, **lamotrigine**, oxacarbazepine, remacemide, stiripentol, tiagabine, topiramate and vigabatrin. Three of the new drugs, gabapentin, topiramate and vigabatrin, are more promising on. . . is excreted unchanged, with the rest eliminated by metabolism The remaining drugs are eliminated by metabolic processes such as glucuronidation (**lamotrigine**), deglycine formation (remacemide) or oxidative metabolism (flunarizine and stiripentol). **Oxcarbazepine** and remacemide have high hepatic clearance and are biotransformed to hydroxy and deglycine metabolites, resp., with the activity of their. . . metabolites contributing to the antiepileptic activity of the parent drug after oral administration, despite high first-pass effect metabolism Gabapentin and **oxcarbazepine** do not behave pharmacokinetically as their original design intended. Gabapentin is not effective as a chemical drug delivery system for γ-aminobutyric acid (GABA), and **oxcarbazepine** serves as a prodrug to its hydroxy metabolite, but does not act as a drug on its own. Nevertheless, these. . .

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SO Epilepsy and Behavior, (2002) Vol. 3, No. 6 II, pp. S24-S31. .
Refs: 44
ISSN: 1525-5050 CODEN: EBPEA4

AB . . . children, and is generally well tolerated. Felbamate is an effective broad-spectrum AED, but has serious toxicity issues limiting its use. **Lamotrigine** has been extensively studied in the DD population, achieving seizure reduction rates of up to 50% in some trials. Although. . . approved as adjunctive therapy for partial epilepsies. It does not cause any pharmacokinetic interactions, but may have behavioral side effects. **Oxcarbazepine** is a homologue of carbamazepine that has fewer drug interactions. It is approved for mono- or adjunctive therapy in patients. . .

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SO Prescrire International, (2002) Vol. 11, No. 58, pp. 47-48. .
Refs: 8
ISSN: 1167-7422 CODEN: PRINFU

AB . . . treatment for partial epilepsy in children is carbamazepine. The efficacy of other antiepileptics has also been documented, either alone (phenobarbital, **oxcarbazepine**, valproate sodium, phenytoin), or in drug combinations (**lamotrigine**, topiramate). • A licence extension has been granted in France for gabapentin in partial epilepsy in children aged 3 to. . .

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SO Journal of Affective Disorders, (2002) Vol. 72, No. SUPPL., pp. S15-S21. .
Refs: 38
ISSN: 0165-0327 CODEN: JADID7

AB . . . for optimizing the treatment of atypical bipolar disorder. During the last decade, several new antiepileptic drugs have been released, e.g. **lamotrigine**, gabapentin, tiagabine, topiramate and levetiracetam. Others have been available for some time, but only recently have become the focus of bipolar disorder research; for example, phenytoin, and especially, **oxcarbazepine**. This review will consider our current knowledge of the benefit of these new and newly rediscovered anticonvulsants in treating bipolar. . .

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SO Revista de Neurologia, (2002) Vol. 35, No. SUPPL. 1, pp. S116-S134. .
Refs: 78
ISSN: 0210-0010 CODEN: RVNRAA

AB . . . out the reasons why monitoring the new antiepileptic drugs can be worthwhile and we examine the characteristics of felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate, vigabatrin and zonisamide which may be relevant in their monitoring. These include the type of kinetics, the factors. . .

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SO Journal of Pain and Palliative Care Pharmacotherapy, (2002) Vol. 16, No. 4, pp. 19-37. .
Refs: 75
ISSN: 1536-0288 CODEN: JPPCBG

AB . . . of the newer agents for pain or mood disorders is uncertain. This paper summarizes the clinical data available with gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine and topiramate for bipolar disorder and **lamotrigine**, **oxcarbazepine**, tiagabine and topiramate for neuropathic pain. .COPYRGT. 2002 by The Haworth Press, Inc. All rights reserved.

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SO Journal of the Indian Medical Association, (**1 May 2002**) Vol. 100, No. 5, pp. 304-309. .
Refs: 16
ISSN: 0019-5847 CODEN: JIMAAD
AB . . . fall in the first group are-phenytoin, phenobarbitone, valproic acid, carbamazepine, ethosuximide and clonazepam. The second group of drugs are - **lamotrigine**, clobazam, **oxcarbazepine**, topiramate and gabapentin. The pharmacology of the drugs are described in a nutshell in this article.

L21 ANSWER 114 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Neurologie und Rehabilitation, (**2002**) Vol. 8, No. 4, pp. 195-207. .
Refs: 57
ISSN: 0947-2177 CODEN: NEREF3
AB . . . polytherapy. The classical antiepileptic drugs carbamazepine and valproate were prescribed in most of the cases (22,89% each). The prescription of **Lamotrigine** increased, and even the new antiepileptic drugs **Oxcarbazepine** and Levetiracetam played a certain role. An ideal antiepileptic drug should 1) prevent from seizures, 2) not interfere with hepatic. . .

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SO Neurology, (**24 Sep 2002**) Vol. 59, No. 6 SUPPL. 4, pp. S38-S43. .
Refs: 8
ISSN: 0028-3878 CODEN: NEURAI
AB . . . these patients. The most commonly discontinued drugs were topiramate (n = 115), tiagabine (n = 78), carbamazepine (n = 62), **lamotrigine** (n = 56), and gabapentin (n = 52). Changes in seizure rates were not significantly different among patients who added levetiracetam (n = 151), zonisamide (n = 71), or **oxcarbazepine** (n = 46) to VNS. Changes in seizure rates were not significantly different among patients whose baseline AEDs were carbamazepine (n = 273), **lamotrigine** (n = 238), valproate (n = 201), topiramate (n = 190), or phenytoin (n = 151). Our results suggest the. . .

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SO Neurology, (**10 Sep 2002**) Vol. 59, No. 5 SUPPL. 2, pp. S14-S17. .
Refs: 30
ISSN: 0028-3878 CODEN: NEURAI
AB . . . new era in the treatment of neuropathic pain. Gabapentin has demonstrated efficacy, specifically in painful diabetic neuropathy and postherpetic neuralgia. **Lamotrigine** has been reported to be effective in relieving pain from trigeminal neuralgia refractory to other treatments, HIV neuropathy, and central. . . Other anticonvulsants, including lorazepam, valproate, topiramate, and tiagabine, have also been under investigation. Anecdotal experience provides support for studies with **oxcarbazepine** and levetiracetam for treating neuropathic pain. Evidence supporting the efficacy of anticonvulsants in treatment of such pain is evolving. Additional. . .

L21 ANSWER 117 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Seminars in Neurology, (**2002**) Vol. 22, No. 1, pp. 27-39. .
Refs: 21
ISSN: 0271-8235 CODEN: SEMNEP
AB . . . 1993, eight new antiepileptic drugs (AEDs) have become available in the United States for the treatment of epilepsy: felbamate, gabapentin,

lamotrigine, topiramate, tiagabine, levetiracetam, **oxcarbazepine**, and zonisamide. Of the older AEDs, six continue to be widely used: phenobarbital, phenytoin, primidone, ethosuximide, carbamazepine, and valproate. As. . . carry a lower risk of cross-reactivity. In patients sensitive to cognitive dysfunction, drugs with a favorable profile include gabapentin, tiagabine, **lamotrigine**, **oxcarbazepine**, and levetiracetam. A more favorable pharmacokinetic profile is observed in the majority of the newer AEDs in contraposition to the. . . with some of the newer AEDs. Hyponatremia, known to occur rarely with carbamazepine use, appears to be more common with **oxcarbazepine**. Felbamate has been associated with a high incidence of aplastic anemia and liver failure and should be used exceptionally. Acute. . .

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SO Journal of Pharmacy Practice, (**2002**) Vol. 15, No. 3, pp. 195-220. .
Refs: 73
ISSN: 0897-1900 CODEN: JPPREU
AB . . . for their effects on cognition. Since 1993, 8 new antiepileptic drugs have been approved by the FDA, including felbamate, gabapentin, **lamotrigine**, topiramate, tiagabine, and 3 recently introduced agents, **oxcarbazepine**, levetiracetam, and zonisamide. These second-generation agents are generally more tolerable and have fewer drug interactions than traditional antiepileptics, and some. . .

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SO Journal of Child Neurology, (**2002**) Vol. 17, No. SUPPL. 1, pp. S65-S69. .
Refs: 31
ISSN: 0883-0738 CODEN: JOCNEE
AB . . . pediatric neurologists have been faced with limited pediatric pharmacokinetic and pharmacodynamic information. This article reviews the newer antiepilepsy drugs-gabapentin, felbamate, **lamotrigine**, topiramate, **oxcarbazepine**, levetiracetam, and zonisamide-and summarizes what is currently known about the safety and efficacy of these drugs in treating partial and. . .

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SO Neurologist, (**2002**) Vol. 8, No. 2, pp. 71-81. .
Refs: 61
ISSN: 1074-7931 CODEN: NROLFW
AB . . . treatment of patients with epilepsy is being refined as experience and research data accumulate. REVIEW SUMMARY - Gabapentin, tiagabine, and **oxcarbazepine** are effective for partial seizures, whereas felbamate, **lamotrigine**, topiramate, levetiracetam, and zonisamide treat both partial and generalized seizure types. In general, these newer agents differ from older agents. . .

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SO Gynakologische Praxis, (**2002**) Vol. 26, No. 1, pp. 141-147. .
Refs: 32
ISSN: 0341-8677 CODEN: GPYRA4
AB In February 2000 the antiepileptic drug (AED) **oxcarbazepine** (OXC, Trileptal) has been approved for treatment in Germany. Thus, there is a new AED available for adults and children. . . According to scientific data, the effectiveness of OXC is comparable to well established AED, such as CBZ, valproate, phenytoin or **lamotrigine** , while OXC is considered to be better tolerated than some of the more «traditional» AEDs. The most common side effects. . .

L21 ANSWER 122 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Tagliche Praxis, (**2002**) Vol. 43, No. 1, pp. 173-179. .
Refs: 32
ISSN: 0494-464X CODEN: TAEGBC
AB In February 2000 the antiepileptic drug (AED) **oxcarbazepine** (OXC, Trileptal) has been approved for treatment in Germany. Thus, there is a new AED available for adults and children. . . According to scientific data, the effectiveness of OXC is comparable to well established AED, such as CBZ, valproate, phenytoin or **lamotrigine** , while OXC is considered to be better tolerated than some of the more »traditional« AEDs. The most common side effects. . .

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SO Epileptic Disorders, (**2001**) Vol. 3, No. SPEC. ISS. 2, pp. 37-46. .
Refs: 90
ISSN: 1294-9361 CODEN: EPDIFP
AB . . . demonstrated a remarkable efficiency in infantile spasms whereas it tends to worsen myoclonic epilepsies, absence epilepsy and idiopathic partial epilepsy. **Lamotrigine** is efficient in absence epilepsy and symptomatic or cryptogenic generalized epilepsies such as Lennox-Gastaut syndrome and myoclonic astatic epilepsy. By contrast, **lamotrigine** increases the frequency of seizures in severe myoclonic epilepsy in infancy (Dravet syndrome) as well as in some cases of. . . Felbamate remains indicated as third line drug in refractory Lennox-Gastaut syndrome provided blood parameters are controlled. The therapeutic profile of **oxcarbazepine** is closed to that of carbamazepine. The efficacy of topiramate was demonstrated in partial epilepsy, but the other indications remain. . .

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SO P and T, (**2002**) Vol. 27, No. 2, pp. 96-102. .
Refs: 25
ISSN: 1052-1372 CODEN: PPTTEK
AB . . . minimal protein binding, few drug interactions, and primarily renal excretion. Its side-effect profile is limited to central nervous system effects. **Lamotrigine** offers an option to patients converting from monotherapy with a hepatic-enzyme-inducing anticonvulsant agent. Tiagabine, an adjunctive agent for partial seizures,. . . inducers, phenytoin and carbamazapine. Levetiracetam is a newer anticonvulsant with a favorable tolerability profile and low potential for drug interactions. **Oxcarbazepine** is a homologue of carbamazapine that has been shown to be as effective as phenytoin and valproic acid at reducing. . .

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SO Chirurgische Praxis, (**2002**) Vol. 59, No. 3, pp. 513-519. .
Refs: 32
ISSN: 0009-4846 CODEN: CHPRBU
AB In February 2000 the antiepileptic drug (AED) **oxcarbazepine** (OXC, Trileptal) has been approved for treatment in Germany. Thus, there is a new AED available for adults and children. . . According to scientific data, the effectiveness of OXC is comparable to well established AED, such as CBZ, valproate, phenytoin or **lamotrigine** , while OXC is considered to be better tolerated than some of the more »traditional« AEDs. The most common side effects. . .

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SO Clinical Journal of Pain, (**2002**) Vol. 18, No. 1, pp. 22-27. .
Refs: 36
ISSN: 0749-8047 CODEN: CJPAEU

AB . . . relief (NNT) is 1.7. Single small trials have shown that baclofen alone provides pain relief (NNT = 1.4) and that **lamotrigine** has an additional effect in patients with insufficient relief using carbamazepine or phenytoin (NNT = 2.1). Uncontrolled observations and clinical. . . . effect of a single drug, combination of two or more drugs may be used, but with the exception of the **lamotrigine**-carbamazepine combination, this is not evidence-based medicine. Acute exacerbation has successfully been treated with intravenous loading with phenytoin or lidocaine, but. . . in controlled trials. In conclusion, carbamazepine is the mainstay of pharmacotherapy of trigeminal neuralgia, and secondary drug choices are baclofen, **lamotrigine**, **oxcarbazepine**, phenytoin, gabapentin, and sodium valproate. Controlled trials testing the effect of some of these drugs, new drugs, and drug combinations. . .

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SO Internistische Praxis, (**2002**) Vol. 42, No. 1, pp. 173-180. .
Refs: 32
ISSN: 0020-9570 CODEN: INPXAJ

AB In February 2000 the antiepileptic drug (AED) **oxcarbazepine** (OXC, Trileptal) has been approved for treatment in Germany. Thus, there is a new AED available for adults and children. . . According to scientific data, the effectiveness of OXC is comparable to well established AED, such as CBZ, valproate, phenytoin or **lamotrigine** , while OXC is considered to be better tolerated than some of the more »traditional« AEDS. The most common side effects. . .

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SO Monatsschrift fur Kinderheilkunde, (**2001**) Vol. 149, No. 11, pp. 1174-1179. .
Refs: 13
ISSN: 0026-9298 CODEN: MOKIAY

AB . . . the beginning of epilepsy. Therapy of choice for all epilepsies with generalized seizures is valproate, because of side-effects of valproate **lamotrigine** may be used alternatively. In epilepsy with tonic-clonic seizures phenobarbital and topiramate are drugs of second choice, in infancy and. . . could be used as well. In children with absences, myoclonic and myoclonic-astatic seizures you could use ethosuximide or mesuximide besides **lamotrigine**. In patients with localisation-related epilepsies carbamazepine is most efficacious; in severe cases one should use **oxcarbazepine** because of the positive pharmacokinetic properties with regard to combination with other AED. Further drugs should be valporate, sulthiame and. . .

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SO Epilepsia, (**2001**) Vol. 42, No. SUPPL. 4, pp. 28-30. .
Refs: 12
ISSN: 0013-9580 CODEN: EPILAK

AB . . . optimal use of the drugs, especially when rapid seizure control is desired. Examples of drugs that require gradual introduction are **lamotrigine**, carbamazepine, topiramate, tiagabine, and zonisamide. Phenytoin, **oxcarbazepine**, gabapentin, valproate, and levetiracetam are examples of drugs that can be started at an effective dose.

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SO American Family Physician, (**1 Jul 2001**) Vol. 64, No. 1, pp.

91-98+105-106. .
Refs: 29
ISSN: 0002-838X CODEN: AFPYAE
AB . . . treatment options for epilepsy is now available. Many new antiepileptic drugs have become available in recent years, including felbamate, gabapentin, **lamotrigine**, topiramate, tiagabine, levetiracetam, **oxcarbazepine** and zonisamide. These medications offer options for patients with epilepsy whose seizures cannot be controlled using the classic agents. Several. . .

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SO Acta Neurologica Scandinavica, (**2001**) Vol. 104, No. 1, pp. 6-11. .
Refs: 18
ISSN: 0001-6314 CODEN: ANRSAS
AB . . . used two AEDs and only 7% used three or more AEDs. The eight most frequent regimens were all monotherapy: carbamazepine, **oxcarbazepine**, phenobarbital, valproic acid, **lamotrigine**, clonazepam, phenytoin and primidon in that order. The estimated crude 1-year prevalence of AED use was 0.77% for women and. . .

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SO Nederlands Tijdschrift voor Geneeskunde, (**28 Apr 2001**) Vol. 145, No. 17, pp. 813-817. .
Refs: 52
ISSN: 0028-2162 CODEN: NETJAN
AB . . . the anti-epileptics, carbamazepine and phenytoin are the most prescribed. New drugs which provide greater pain relief than the placebo are **oxcarbazepine**, gabapentine and **lamotrigine**. -
Other effective drugs for phantom pain are: gamma-butyric acid agonists (baclofen), opiates (morphine preparations with a regulated release; phentanyl. . .

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SO Formulary, (**2001**) Vol. 36, No. 2, pp. 114-135. .
Refs: 70
ISSN: 1082-801X CODEN: FORMF
AB . . . teratogenicity, idiosyncratic reactions, and complex pharmacokinetics. Eight new AEDs have been introduced in the United States since 1993 (felbamate, gabapentin, **lamotrigine**, levetiracetam, **oxcarbazepine**, tiagabine, topiramate, zonisamide). These newer AEDs offer both options for improved efficacy in the treatment of refractory seizures and the. . .

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SO Nervenheilkunde, (**2000**) Vol. 19, No. 10, pp. 536-538. .
Refs: 13
ISSN: 0722-1541 CODEN: NERVDI
AB . . . an anticonvulsant drug. In treatment of focal epilepsy carbamazepine, phenytoin, valproate, phenobarbital, as well as the newly developed antiepileptic drugs **lamotrigine**, gabapentin and **oxcarbazepine** may be used. In treatment of idiopathic generalised epilepsy valproate, primidone, phenobarbital and ethosuximide should be considered. **Lamotrigine** and topiramate exert a good anticonvulsant efficacy in treatment of this type of epilepsy.

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SO Neurology, (**12 Dec 2000**) Vol. 55, No. 11 SUPPL. 3, pp. S30-S37. .

Refs: 55
ISSN: 0028-3878 CODEN: NEURAI

AB . . . ease of use in children across a wide range of ages. On the basis of these criteria, two new AEDs, **oxcarbazepine** (OXC) and topiramate (TPM), are suitable for consideration. OXC has demonstrated efficacy in monotherapy and adjunctive therapy in pediatric partial. . . preliminary analysis of a monotherapy trial is confirmed. There are not yet enough data on efficacy to support consideration of **lamotrigine**, tiagabine, felbamate, levetiracetam, or zonisamide as first-line therapy for pediatric partial seizures.

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SO Neurology, (**12 Dec 2000**) Vol. 55, No. 11 SUPPL. 3, pp. S11-S16.
.
Refs: 16
ISSN: 0028-3878 CODEN: NEURAI

AB . . . and lack of pharmacokinetic interactions with other drugs. Both established AEDs (carbamazepine, phenytoin, valproate, phenobarbital and primidone) and newer AEDs (**oxcarbazepine**, felbamate, gabapentin, **lamotrigine**, topiramate, tiagabine) are evaluated in terms of these properties. None of the currently marketed AEDs combines all of these desirable. . .

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SO Mental Retardation and Developmental Disabilities Research Reviews, (**2000**) Vol. 6, No. 4, pp. 309-323. .
Refs: 198
ISSN: 1080-4013 CODEN: MRDRFI

AB . . . commonly seen in the multiply handicapped and mentally retarded population and require special attention. The new antiepileptic drugs felbamate, gabapentin, **lamotrigine**, levetiracetam, **oxcarbazepine**, tiagabine, topiramate, vigabatrin and zonisamide show specific advantage in some multiply handicapped patients, be it for seizure control or medication. . .

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SO Psycho, (**2000**) Vol. 26, No. 9, pp. 443-450. .
Refs: 13
ISSN: 0340-7845 CODEN: PSYODG

AB . . . spectrum of the traditional agents carbamazepine, phenytoin, valproic acid and barbiturates has been enlarged by the introduction of felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate and vigabatrin. In addition, the benzodiazepines clonazepam, diazepam and clonazepam may be utilized in emergencies or intermittendly. Acetazolamide,. . .

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SO Nuova Rivista di Neurologia, (**2000**) Vol. 10, No. SUPPL. 2, pp. S6-S12. .
Refs: 19
ISSN: 1122-035X CODEN: NRNUEJ

AB Clinical and biological tolerability of the newer antiepileptic drugs available on the market (felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate, vigabatrin) is significantly better as compared with standard antiepileptic drugs. For most of them, the tolerability profile assessed. . .

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SO Farmaceuticky Obzor, (**2000**) Vol. 69, No. 2, pp. 36-39. .

Refs: 12
ISSN: 0014-8172 CODEN: FAOBAS
AB . . . renal excretion, no interactions with other drugs and no unwanted effects. Following medicaments are used in a clinical practice: vigabatrine, **lamotrigine**, felbamate, gabapentine, thiagabine, **oxcarbazepine** and topiramate. Vigabatrine, thiagabine and gabapentine are effective in the treatment of parcial epileptic seizures. **Lamotrigine**, felbamate and topiramine have a wide spectrum of activity and besides the partial seizures they are effective in the treatment. . . treatment with felbamate, the contraction of the pupil in the treatment with vigabatrine, the skin rash in the treatment with **lamotrigine** and **oxcarbazepine**, weight loss and nephrolithiasis in the treatment with topiramate. The new epileptics improve the treatment of epileptic seizures in children,. . .

L21 ANSWER 141 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Bollettino - Lega Italiana contro l'Epilessia, (**1999**) No. 106-107, pp. 359-363. .
Refs: 25
ISSN: 0394-560X CODEN: BLIED
AB . . . the old ones will be critically evaluated. Up to now, such studies have been published only for three new drugs (**Oxcarbazepine**, Vigabatrin, **Lamotrigine**). Furthermore, idiosyncratic (aplastic anemia, antiepileptic hypersensitivity syndrome, hepatitis, etc) and serious (i.e. GVG induced retinopathy, psychosis, alteration of cognition) adverse. . .

L21 ANSWER 142 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Bollettino - Lega Italiana contro l'Epilessia, (**1999**) No. 106-107, pp. 321-322. .
Refs: 3
ISSN: 0394-560X CODEN: BLIED
AB The aim of this work was to study 'in vitro' the effects of anticonvulsants Gabapentin (GBP), Carbamazepine (CBZ), **Lamotrigine** (LTG) and **Oxcarbazepine** (OXC) on glutamine synthase activity (GS) in primary cultures of rat astocytes. We performed tests to investigate the effects of. . .

L21 ANSWER 143 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Brazilian Journal of Epilepsy and Clinical Neurophysiology, (**2000**) Vol. 6, No. 1, pp. 7-12. .
Refs: 20
ISSN: 0104-9275 CODEN: BJENF4
AB The aim of this work was to study 'in vitro' the effects of anticonvulsants Gabapentin (GBP), Carbamazepine (CBZ), **Lamotrigine** (LTG), Sodium Valproate (VPA), Topiramate (TPM) and **Oxcarbazepine** (OXC) on nitric oxide (NO) biosynthesis in primary cultures of rat astrocytes. We performed tests to investigate the effects of. . .

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SO Paediatric Drugs, (**2000**) Vol. 2, No. 2, pp. 113-126. .
Refs: 166
ISSN: 1174-5878 CODEN: PTDGFW
AB . . . feeding is controversial because of its slow elimination by the nursing infant. The newer anticonvulsants, such as clobazam, felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate, and vigabatrin, are used mainly as adjunctive therapy. Data on the use of these drugs in pregnancy and. . . valproic acid or phenytoin. Infant monitoring for potential adverse effects is advisable when the mother is taking phenobarbital, clobazam, gabapentin,

lamotrigine, **oxcarbazepine** or vigabatrin. Monitoring of infant serum drug concentrations is advisable but not compulsory. The use of felbamate, tiagabine and topiramate. . .

L21 ANSWER 145 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Acta Neurologica Belgica, (**1999**) Vol. 99, No. 4, pp. 231-238. .
Refs: 51
ISSN: 0300-9009 CODEN: ANUBBR
AB . . . These drugs differ considerably in their mechanisms of action and, consequently, in their spectrum of efficacy against various seizure types. **Oxcarbazepine**, gabapentin, tiagabine and vigabatrin are especially useful in the management of partial seizures (with or without secondary generalization) and, probably,. . . clonic seizures, with vigabatrin being of particular value also in the treatment of infantile spasms. The spectrum of efficacy of **lamotrigine** and topiramate is broader than that of the other drugs and includes, in addition to partial and tonic-clonic seizures, also drop attacks associated with the Lennox-Gastaut syndrome. **Lamotrigine** is also effective against absence seizures, while the activity of topiramate as a potential anti-absence drug has not been adequately explored. **Oxcarbazepine** , vigabatrin and tiagabine may aggravate myoclonic and absence seizures and, likewise, gabapentin may aggravate myoclonic seizures. Therefore, the latter drugs. . .

L21 ANSWER 146 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Neurology Psychiatry and Brain Research, (**1999**) Vol. 7, No. 2, pp. 71-78. .
Refs: 53
ISSN: 0941-9500 CODEN: NPBRE4
AB . . . The 'new' antiepileptic drugs, which have become available now in many countries are - in alphabetical order - Felbamate, Gabapentin, **Lamotrigine**, **Oxcarbazepine**, Tiagabine, Topiramate, Vigabatrin. Efficacy and side effects of these drugs are reviewed.

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SO Epilepsia, (**1999**) Vol. 40, No. SUPPL. 5, pp. S2-S10. .
Refs: 69
ISSN: 0013-9580 CODEN: EPILAK
AB . . . GABA, respectively. For many of the newer AEDs, several molecular mechanisms of action have been identified. For example, felbamate (FBM), **lamotrigine** (LTG), zonisamide (ZNS), topiramate (TPM), **oxcarbazepine** (OCBZ), and possibly gabapentin (GBP) share a similar mechanism with that defined for phenytoin (PHT) and carbamazepine (CBZ), i.e., a. . .

L21 ANSWER 148 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Epilepsia, (**1999**) Vol. 40, No. SUPPL. 6, pp. S17-S22. .
Refs: 32
ISSN: 0013-9580 CODEN: EPILAK
AB . . . A range of established and new AEDs has been examined using the 'monostars' method, including phenobarbital, phenytoin, carbamazepine, sodium valproate, **lamotrigine**, gabapentin, **oxcarbazepine** , and vigabatrin. Scores can be adjusted as new information comes to light. Other agents can be added when suitable monotherapy. . .

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SO Seizure, (**1999**) Vol. 8, No. 3, pp. 187-189. .
Refs: 7
ISSN: 1059-1311 CODEN: SEIZE7

AB A 23-year-old female patient treated with 900 mg **oxcarbazepine** for complex partial seizures is presented. Good seizure control and slight fever were noted a few weeks after drug administration. Reduction of **oxcarbazepine** and replacement with valproate resulted in a transient normothermia. Because of fever reappearance, vigabatrin was added and valproate was gradually reduced. Seizures reappeared, but the body temperature fell below 37°C. Substitution of valproate for **lamotrigine** resulted in seizure control but abnormal body temperature (37-37.6°C) was noted again. Repeated hospital admission for clinical and laboratory investigation. . .

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SO Seizure, (**1998**) Vol. 7, No. 5, pp. 419-420. .
Refs: 7
ISSN: 1059-1311 CODEN: SEIZE7

AB We report two cases with complex partial and secondarily generalized seizures, both on **oxcarbazepine** and vigabatrin, with additional **lamotrigine** in one case. Both died in a manner resembling SUDEP, i.e. suddenly, unexpectedly, probably following a seizure with pulmonary oedema at autopsy. Both had SIADH. A number of drugs may cause SIADH, among them carbamazepine and **oxcarbazepine**. A search for SIADH in patients on carbamazepine and **oxcarbazepine**, and in cases of sudden death in epilepsy, is recommended.

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SO Louvain Medical, (**1998**) Vol. 117, No. 4, pp. 153-163. .
Refs: 12
ISSN: 0024-6956 CODEN: LOMEAL

AB Many new antiepileptic drugs have been proposed those last years. This review analyses ten of them: vigabarrin, **lamotrigine**, felbamate, fosphenytoine, gabapentin, **oxcarbazepine**, tiagabine, topimamate, rufinamide, levetiracetam and gives for them some clinical directions for their practical use. The new drugs are atomic . .

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SO Nederlands Tijdschrift voor Geneeskunde, (**7 Feb 1998**) Vol. 142, No. 6, pp. 289-293. .
Refs: 22
ISSN: 0028-2162 CODEN: NETJAN

AB . . . to treatment with the older drugs, a 50% reduction of seizure frequency can be achieved by adding ethosuximide, clobazam, vigabatrine, **oxcarbazepine**, **lamotrigine**, felbamate, tiagabine or topiramate to the classic treatment. The majority of the new drugs are free of the problematic enzyme. . .

L21 ANSWER 153 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

SO Klinische Padiatrie, (**1998**) Vol. 210, No. 1, pp. 17-23. .
Refs: 27
ISSN: 0300-8630 CODEN: KLPDB2

AB . . . available in Germany. Vigabatrin is a second choice drug against partial seizures, West syndrome and epilepsies in infant encephalopathy syndromes. **Lamotrigine** and Gabapentin can be used as add-on therapy in partial seizures in children above 12 years of age Felbamate has. . . of severe side-effects like aplastic anemia and liver failure. Therefore it should be restricted to the treatment of Lennox-Gastaut syndrome. **Oxcarbazepine** is not yet on the German market, but is available by import from Austria. Its therapeutic range is similar to. . .

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SO Epilepsia, (**1997**) Vol. 38, No. SUPPL. 9, pp. S21-S31. .
Refs: 25
ISSN: 0013-9580 CODEN: EPILAK
AB . . . in inpatients with refractory partial seizures and outpatients with newly diagnosed partial epilepsy established the efficacy of gabapentin as monotherapy. **Lamotrigine** was found to have efficacy similar to that of phenytoin and carbamazepine (CBZ) and to be better tolerated than CBZ. . . response trial. A dose-response trial that tested the efficacy of tiagabine monotherapy in patients with refractory partial epilepsy was uninformative. **Oxcarbazepine** was found to be safe and efficacious in four comparative trials in patients with newly diagnosed epilepsy as well as. . .

L21 ANSWER 155 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Bollettino - Lega Italiana contro l'Epilessia, (**1996**) No. 95-96, pp. 149-154. .
Refs: 5
ISSN: 0394-560X CODEN: BLIED
AB In this paper we studied the effects of **lamotrigine** (LTG), GP 47779 (the active metabolite of **oxcarbazepine**) and FBM on field potentials recorded from prefrontal and frontal cortical slices in the presence of physiological concentrations of magnesium. . .

L21 ANSWER 156 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Revue Neurologique, (**1997**) Vol. 153, No. 1, pp. 21-33. .
Refs: 96
ISSN: 0035-3787 CODEN: RENEAM
AB The introduction on the French market of vigabatrin, gabapentin and **lamotrigine** has considerably diversified our conventional therapeutical schemes in epilepsies, as will be as amplified by the arrivals of topiramate, tiagabine and **oxcarbazepine**. Compared to the conventional drugs, these new products present more favorable pharmacokinetics, no or very weak interactions and a better. . . in 30 to 50 p. 100 of the patients. A substantial number of patients can be rendered seizure-free with vigabatrin. **Lamotrigine** has a broader spectrum, as it is also efficacious on the different seizure types of generalized, symptomatic or idiopathic epilepsies.. . . ataxia, tremor or diplopia. More specifically, vigabatrin may induce weight gain and requires closer supervision in case of psychiatric history; **lamotrigine** which has also probable antidepressant properties, may induce skin rashs, rarely severe. Further data are needed for gabapentin which is. . . delayed. Nevertheless the prognosis, including cognitive outcome, is considerably improved in infantile spasms with vigabatrin and in Lennox-Gastaut syndrome with **lamotrigine** and felbamate, the latter being highly toxic. For the moment in France, authorities have limited the use of all these. . .

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SO Epilepsia, (**1997**) Vol. 38, No. SUPPL. 1, pp. S18-S23. .
Refs: 43
ISSN: 0013-9580 CODEN: EPILAK
AB . . . interaction profile of the recently developed AED topiramate (TPM), is reviewed and compared with those of other newer AEDs including **lamotrigine** (LTG), gabapentin (GBP), vigabatrin (VGB), and **oxcarbazepine** (OCBZ). Although none of these agents meets all of the criteria of the 'ideal' AED from the pharmacokinetic standpoint, a. . .

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SO Neurology, (**1995**) Vol. 45, No. 10, pp. 1907-1913. .
Refs: 38
ISSN: 0028-3878 CODEN: NEURAI

AB We compared the effects of the antiepileptic drugs carbamazepine, **oxcarbazepine**, and **lamotrigine** on the release from rat brain slices of endogenous glutamate, [3H]-GABA, and [3H]-dopamine, elicited by the Na+ channel opener, veratrine,. . . similarly, carbamazepine and tetrodotoxin were more potent in inhibiting veratrine-induced as compared with electrically induced release of endogenous glutamate. Carbamazepine, **oxcarbazepine**, and **lamotrigine** also inhibited electrically stimulated release of [3H]-5- hydroxytryptamine (IC50 values, 150 to 250 μM) and [3H]-acetylcholine (IC50 values, 50 to. . . release elicited by electrical stimulation. Therefore, the hypothesis that inhibition of glutamate release is the mechanism of anticonvulsant action of **lamotrigine** (or carbamazepine and **oxcarbazepine**) is doubtful. Other consequences of Na+ channel blockade may have an important role.

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SO Bailliere's Clinical Neurology, (**1996**) Vol. 5, No. 4, pp. 723-747. .
Refs: 119
ISSN: 0961-0421 CODEN: BCNUEK

AB . . . antiepileptic drugs (AEDs) with diverse mechanisms of action have been introduced into clinical practice in the 1990s. Short monographs on **lamotrigine**, vigabatrin, gabapentin, **oxcarbazepine**, felbamate, topiramate and vigabatrin have been prepared for this review. Details are provided of mechanisms of action, clinical pharmacokinetics and. . .

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SO Epilepsia, (**1996**) Vol. 37, No. SUPPL. 6, pp. S34-S44. .
ISSN: 0013-9580 CODEN: EPILAK

AB . . . pregnancy outcome may be adversely affected by the established AEDs, all of which are human teratogens. Felbamate (FBM), gabapentin (GBP), **lamotrigine** (LTG), **oxcarbazepine** (OCBZ), tiagabine (TGB), topiramate (TPM), and vigabatrin (VGB) were reviewed. The preclinical development process had not addressed all the issues. . .

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SO Epilepsia, (**1996**) Vol. 37, No. SUPPL. 6, pp. S12-S16. .
ISSN: 0013-9580 CODEN: EPILAK

AB This article surveys the pharmacokinetic parameters for the new antiepileptic drugs (AEDs): felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate, and vigabatrin. Compared to the pharmacokinetics of standard AEDs, these new AEDs have progressed in terms of (a). . .

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SO Epilepsia, (**1996**) Vol. 37, No. SUPPL. 2, pp. S8-S13. .
ISSN: 0013-9580 CODEN: EPILAK

AB . . . AEDs with improved pharmacokinetic characteristics would be welcomed. The pharmacokinetic profiles of six newer AEDs-topiramate (TPM), gabapentin (GBP), vigabatrin (VGB), **lamotrigine** (LTG), **oxcarbazepine** (OCBZ), and felbamate-were reviewed. Some of these AEDs offer an improvement in one or more pharmacokinetic parameters compared with traditional. . .

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SO CNS Drugs, (**1996**) Vol. 5, No. 5, pp. 358-368. .
ISSN: 1172-7047 CODEN: CNDREF
AB . . . The combined results of recent studies in patients and healthy volunteers reveal that at therapeutic serum concentrations phenobarbital, phenytoin, carbamazepine, **oxcarbazepine** and valproic acid produce nearly comparable adverse effects on higher cognitive functions. The newer AEDs (with the exception of zonisamide. . . and topiramate) appear to induce fewer cognitive adverse effects than the older agenis. Furthermore, there is limited evidence that gabapentin, **lamotrigine** and vigabatrin may have beneficial effects on cognitive function. Some of the newer AEDs may also have neuroprotective effects that. . .

L21 ANSWER 164 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Schweizerische Rundschau fur Medizin/Praxis, (**1996**) Vol. 85, No. 4, pp. 80-83. .
ISSN: 0369-8394 CODEN: SRMPDJ
AB . . . is feasible therapeutic option for only some of these patients. The development of newer, more effective drugs such as vigabatrine, **lamotrigine**, gabapentine and **oxcarbazepine** would be highly desirable. The search for new antiepileptic agents is justified to reduce the proportion of drug-resistant patients. Choice. . .

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SO CNS Drugs, (**1995**) Vol. 4, No. 6, pp. 469-477. .
ISSN: 1172-7047 CODEN: CNDREF
AB . . . synaptic function. These mechanisms of action partially predict effectiveness in animal models of epilepsy and in human epilepsy. Carbamazepine, phenytoin, **lamotrigine**, **oxcarbazepine** and valproic acid (sodium valproate) block voltage-dependent sodium channels. Ethosuximide reduces T-type calcium currents. Phenobarbital (phenobarbitone), benzodiazepines, gabapentin, vigabatrin, tiagabine,. . .

L21 ANSWER 166 OF 200 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
SO Schweizer Archiv fur Neurologie und Psychiatrie, (**1995**) Vol. 146, No. 4, pp. 168-170+172-173. .
ISSN: 0258-7661 CODEN: SANPE8
AB New antiepileptic drugs such as vigabatrin, **lamotrigine**, gabapentin, **oxcarbazepine** and felbamate have been lately marketed. This article provides an overview, showing known modes of action, pharmacokinetics, efficacy, tolerability, interactions. . .

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SO Schweizerische Rundschau fur Medizin/Praxis, (**1995**) Vol. 84, No. 38, pp. 1036-1041. .
ISSN: 0369-8394 CODEN: SRMPDJ
AB . . . a possible therapeutic option for only some of these patients. The development of newer, more effective drugs, such as vigabatrine, **lamotrigine**, gabapentine and **oxcarbazepine**, for monotherapy is desirable. The search for new antiepileptic agents is reasonable in order to reduce the proportion of drug-resistant. . .

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SO Epilepsia, (**1995**) Vol. 36, No. SUPPL. 2, pp. S2-S12. .
ISSN: 0013-9580 CODEN: EPILAK
AB . . . process of GBP into neurons; however, this has not been proven,

and the mechanism of action of GBP remains uncertain. **Lamotrigine** (LTG) decreases sustained high-frequency repetitive firing of voltage-dependent sodium action potentials that may result in a preferential decreased release of presynaptic glutamate. The mechanism of action of **oxcarbazepine** (OCBZ) is not known; however, its similarity in structure and clinical efficacy to CBZ suggests that its mechanism of action. . .

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SO Acta Medica Portuguesa, (**1995**) Vol. 8, No. 1, pp. 43-48. .
ISSN: 0870-399X CODEN: AMPOD2
AB . . . the mechanism remains unknown in a few of them. Those new AEs already marketed in Portugal (Vigabatrin), soon to be (**Lamotrigine** , **Oxcarbazepine**) or available abroad only (Gabapentin, Zonisamide) are reviewed with special emphasis on their pharmacokinetic profile, side effects, interaction with other. . .

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SO Seizure, (**1995**) Vol. 4, No. 1, pp. 5-17. .
ISSN: 1059-1311 CODEN: SEIZE7
AB . . . new therapeutic agents for the treatment of epilepsy. In this review, the three drugs recently licensed in the UK (vigabatrin, **lamotrigine** and gabapentin) are profiled, together with several of the more promising up-and-coming compounds (**oxcarbazepine**, felbamate, tiagabine, stiripentol, remacemide and topiramate). Future avenues for clinical research in the pharmacological management of the epilepsies involve their. . .

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SO Epilepsia, (**1994**) Vol. 35, No. SUPPL. 5, pp. S22-S24. .
ISSN: 0013-9580 CODEN: EPILAK
AB Vigabatrin, **lamotrigine**, and **oxcarbazepine** are three of the many new antiepileptic drugs (AEDs) already registered in several countries that highlight some of the typical. . .

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SO Drug Safety, (**1994**) Vol. 11, No. 1, pp. 37-67. .
ISSN: 0114-5916 CODEN: DRSAEA
AB . . . in recent years. This review comparatively evaluates the pharmacokinetics, efficacy and adverse effects of 12 new antiepileptic drugs namely vigabatrin, **lamotrigine**, gabapentin, **oxcarbazepine**, felbamate, tiagabine, eterobarb, zonisamide, remacemide, stiripentol, topiramate and levetiracetam (ucb-L059). Of the 12 drugs, vigabatrin, **lamotrigine** and gabapentin have recently been marketed in the UK. Five of these new drugs have known mechanisms of action (vigabatrin, **lamotrigine**, tiagabine, **oxcarbazepine** and eterobarb), which may provide for a more rational approach to the treatment of epilepsy. **Oxcarbazepine**, remacemide and eterobarb are prodrugs. Vigabatrin, gabapentin and topiramate are more promising on the basis of their pharmacokinetic characteristics in that they are excreted mainly unchanged in urine and not susceptible to significant pharmacokinetic interactions. In contrast, **lamotrigine**, felbamate and stiripentol exhibit significant drug interactions. Essentially, all the drugs are effective in partial or secondarily generalised seizures and. . .

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SO Epilepsia, (**1994**) Vol. 35, No. SUPPL. 4, pp. S29-S40. .
ISSN: 0013-9580 CODEN: EPILAK

AB Among some 14 new antiepileptic drugs (AEDs), those most extensively tested in humans include felbamate (FBM), gabapentin (GBP), **lamotrigine** (LTG), **oxcarbazepine** (OCBZ), vigabatrin (VGB), and zonisamide (ZNS). All are currently marketed in some but not all countries. Although no large, comparative. . .

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SO Current Opinion in Neurology, (**1994**) Vol. 7, No. 2, pp. 131-139. .
ISSN: 1350-7540 CODEN: CONEEX
AB . . . than serendipity. This article concentrates on a selection of the more promising antiepileptic drugs and reviews their recent progress. Felbamate, **lamotrigine**, vigabatrin, zonisamide, and gabapentin are already in clinical use in certain countries. Stiripentol and other potential antiepileptic drugs are also. . . have been strategies to improve the pharmacokinetics of currently used antiepileptic drugs and we have concentrated on controlled-release carbamazepine and **oxcarbazepine**, both available in certain countries. It is, however, increasingly apparent that good comparative studies are needed before definitive advice can. . .

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SO Drugs, (**1993**) Vol. 46, No. 6, pp. 1009-1024. .
ISSN: 0012-6667 CODEN: DRUGAY
AB There are several new antiepileptic drugs undergoing extensive clinical investigation. Five new drugs - vigabatrin, larnotrigine, gabapentin, felbamate and **oxcarbazepine** - appear to be the most widely tested and promising agents. Vigabatrin is most effective in drug-resistant partial epilepsy. Vigabatrin is also effective in infantile spasms, but seems to have negative effects on myoclonic epilepsies and absence seizures. **Lamotrigine** and felbamate seem to be effective in partial epilepsy and in Lennox-Gastaut syndrome. In addition, **Lamotrigine** and felbamate seem to have efficacy in idiopathic generalised epilepsies. **Oxcarbazepine** appears to be equally as effective as carbamazepine, but less toxic. Gabapentin has few adverse effects and has efficacy in. . .

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SO Fortschritte der Medizin, (**1990**) Vol. 108, No. 5, pp. 45-46+51-55. .
ISSN: 0015-8178 CODEN: FMDZAR
AB . . . substances are being tested for their suitability as anticonvulsives. Those at the most advanced stage of clinical testing are: gabapentine, **lamotrigine**, **oxcarbazepine**, progabide, vigabatrin. Among the adverse reactions, the hepatotoxicity of valproate is particularly topical, making comprehensive laboratory examinations mandatory; however, these. . .

L21 ANSWER 177 OF 200 MEDLINE on STN
SO Psychopharmacology bulletin, **(2002 Winter)** Vol. 36, No. 1, pp. 44-66. Ref: 135
Journal code: 0101123. ISSN: 0048-5764.
AB . . . inhibiting metabolism and can increase the free fractions of certain medications by displacing them from plasma proteins. The newer anticonvulsants **lamotrigine**, topiramate, and tiagabine have different, generally less problematic, hepatically mediated drug-drug interactions. Gabapentin, which is renally excreted, lacks hepatic drug-drug interactions, though bioavailability may be reduced at higher doses. Recently approved anticonvulsants, including **oxcarbazepine** , zonisamide, and levetiracetam, may have improved pharmacokinetic profiles compared to older agents. Novel psychotropic effects of these

drugs may also. . .

L21 ANSWER 178 OF 200 MEDLINE on STN
SO Revista de neurologia, **(2002 Sep)** Vol. 35 Suppl 1, pp. S116-34.
Ref: 78
Journal code: 7706841. ISSN: 0210-0010.
AB . . . out the reasons why monitoring the new antiepileptic drugs can be worthwhile and we examine the characteristics of felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, topiramate, vigabatrin and zonisamide which may be relevant in their monitoring. These include the type of kinetics, the factors. . .

L21 ANSWER 179 OF 200 MEDLINE on STN
SO The Journal of school nursing : the official publication of the National Association of School Nurses, **(2001 Apr)** Vol. 17, No. 2, pp. 103-11. Ref: 42
Journal code: 9206498. ISSN: 1059-8405.
AB . . . agents has doubled the number of therapies available for the treatment of seizure disorders. They include felbamate (Felbatol), gabapentin (Neurontin), **lamotrigine** (Lamictal), levetiracetam (Keppra), **oxcarbazepine** (Trileptal), tiagabine (Gabitril), topiramate (Topamax), and zonisamide (Zonegran). This article describes the known side effects of the second-generation agents and. . .

L21 ANSWER 180 OF 200 MEDLINE on STN
SO The American journal of managed care, **(2001 Jul)** Vol. 7, No. 7 Suppl, pp. S209-14. Ref: 13
Journal code: 9613960. ISSN: 1088-0224.
AB . . . treating seizures. Within the past 20 years several "new generation" antiepileptic drugs (AEDs) were introduced. The most recent additions include **oxcarbazepine**, levetiracetam, and zonisamide. New agents have been shown in clinical trials to offer similar efficacy compared with older, more established. . . agents have demonstrated efficacy in treating generalized tonic-clonic convulsions. Data for treatment of Lennox-Gastaut syndrome indicate a clear effect with **lamotrigine** or topiramate and possibly some effect with zonisamide and levetiracetam. Studies of juvenile myoclonic epilepsy and absence seizures suggest that zonisamide, **lamotrigine**, topiramate, and levetiracetam may be effective. Each of the new AEDs is effective in controlling partial seizures. These agents may. . .

L21 ANSWER 181 OF 200 MEDLINE on STN
SO Journal of the American Pharmaceutical Association (Washington,D.C. : 1996), **(2001 May-Jun)** Vol. 41, No. 3, pp. 421-36. Ref: 181
Journal code: 9601004. ISSN: 1086-5802.
AB . . . review articles identified via MEDLINE using the search terms epilepsy, seizures, elderly, phenobarbital, primidone, phenytoin, carbamazepine, valproic acid, felbamate, gabapentin, **lamotrigine** , topiramate, tiagabine, levetiracetam, **oxcarbazepine**, and zonisamide. Recently published standard textbooks on epilepsy were also consulted. DATA SYNTHESIS: Epilepsy is a common neurologic disorder in. . . the spectrum of AED activity for these seizure types. AEDs with activity against both partial-onset and generalized seizures include felbamate, **lamotrigine**, levetiracetam, topiramate, valproic acid, and zonisamide. Other AEDs discussed in this review (carbamazepine, gabapentin, phenobarbital, phenytoin, primidone, and tiagabine) are. . .

L21 ANSWER 182 OF 200 MEDLINE on STN
SO Current opinion in neurology, **(2000 Apr)** Vol. 13, No. 2, pp. 165-70. Ref: 39
Journal code: 9319162. ISSN: 1350-7540.
AB . . . as to tolerability and efficacy, especially when there is some information comparing different drugs or therapies. The topics include vigabatrin, **lamotrigine**, gabapentin, felbamate, topiramate,

tiagabine, **oxcarbazepine**, levetiracetam, vagus nerve stimulation and the ketogenic diet. It is encouraging that some of the newly published double-blinded placebo-controlled studies. . .

L21 ANSWER 183 OF 200 MEDLINE on STN
SO Revista de neurologia, **(Aug 16-31 2000)** Vol. 31, No. 4, pp. 376-81.
Journal code: 7706841. ISSN: 0210-0010.
AB . . . DEVELOPMENT: New antiepileptic drugs (AED) have generally a good pharmacokinetic profile. Their mode of action remains imperfectly known. Gabapentin (GBP), **oxcarbazepine** (OCBZ), topiramate (TPM), vigabatrin (VGB) and tiagabine (TGB) are mostly effective for partial seizures; **lamotrigine** (LTG) is efficacious for both partial and generalized seizures, it is also active in treatment of Lennox-Gastaut syndrome for which. . .

L21 ANSWER 184 OF 200 MEDLINE on STN
SO Advances in neurology, **(1998)** Vol. 76, pp. 57-87. Ref: 295
Journal code: 0367524. ISSN: 0091-3952.
AB . . . sedative effects and high efficacy. Gabapentin is remarkable for its favorable side effect profile, lack of interactions, and straightforward kinetics. **Lamotrigine** is also nonsedating and may be especially useful in generalized epilepsies. Topiramate and vigabatrin are both highly effective, although each is associated with a variety of cognitive or psychiatric side effects that may limit utility. **Oxcarbazepine** shares the efficacy of carbamazepine, with fewer side effects or drug interactions. Zonisamide seems to be effective and cause mild. . .

L21 ANSWER 185 OF 200 MEDLINE on STN
SO Epilepsy research. Supplement, **(1996)** Vol. 11, pp. 79-93. Ref: 104
Journal code: 8913231. ISSN: 0922-9833.
AB . . . process of gabapentin into neurons; however, this has not been proven and the mechanism of action of gabapentin remains uncertain. **Lamotrigine** decreases sustained high-frequency repetitive firing of voltage-dependent sodium actin potentials that may result in a preferential decreased release of presynaptic glutamate. **Oxcarbazepine**'s mechanism of action is not known; however, its similarity in structure and clinical efficacy to that of carbamazepine suggests that. . .

L21 ANSWER 186 OF 200 MEDLINE on STN
SO Current opinion in neurology and neurosurgery, **(1992 Aug)** Vol. 5, No. 4, pp. 519-25. Ref: 40
Journal code: 8809879. ISSN: 0951-7383.
AB . . . over existing drugs. There is a need to reconsider trial protocols to achieve this objective. Five new drugs, vigabatrin (GVG), **lamotrigine** (LTG), gabapentin (GPT), felbamate and **oxcarbazepine** (OCBZ) appear to be the most widely tested and promising agents. Of the others, loreclezole and stiripentol (STP) are showing. . .

L21 ANSWER 187 OF 200 MEDLINE on STN
SO Fortschritte der Medizin, **(1990 Feb 20)** Vol. 108, No. 5, pp. 77-81. Ref: 17
Journal code: 2984763R. ISSN: 0015-8178.
AB . . . substances are being tested for their suitability as anticonvulsives. Those at the most advanced stage of clinical testing are: gabapentine, **lamotrigine**, **oxcarbazepine**, progabide, vigabatrin. Among the adverse reactions, the hepatotoxicity of valproate is particularly topical, making comprehensive laboratory examinations mandatory; however, these. . .

L21 ANSWER 188 OF 200 SCISEARCH COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO EPILEPSY & BEHAVIOR, (**DEC 2002**) Vol. 3, No. 6, Part 2, Supp. [S], pp. S24-S31.
ISSN: 1525-5050.
AB . . . children, and is generally well tolerated. Felbamate is an effective broad-spectrum AED, but has serious toxicity issues limiting its use. **Lamotrigine** has been extensively studied in the DD population, achieving seizure reduction rates of up to 50% in some trials. Although. . . approved as adjunctive therapy for partial epilepsies. It does not cause any pharmacokinetic interactions, but may have behavioral side effects. **Oxcarbazepine** is a homologue of carbamazepine that has fewer drug interactions. It is approved for mono- or adjunctive therapy in patients. . .

L21 ANSWER 189 OF 200 SCISEARCH COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO NERVENHEILKUNDE, (**2002**) Vol. 21, No. 5, pp. 237-+.
ISSN: 0722-1541.
AB . . . in the case of the established antiepileptic drugs the measurement of serum concentration of the new antiepileptic drugs felbamate, gabapentin, **lamotrigine**, levetiracetam, **oxcarbazepine**, tiagabine and tapiramate may be helpful in many situations. However, in established as well as in new anti-epileptic drugs, there. . .

L21 ANSWER 190 OF 200 SCISEARCH COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO DRUGS OF THE FUTURE, (**APR 2002**) Vol. 27, No. 4, pp. 403-405.
ISSN: 0377-8282.
AB . . . Information on the following 17 products has been updated in this issue: ajulemic acid, capsavanil, celecoxib, devazepide, eletriptan, etoricoxib, frovatriptan, **lamotrigine**, levetiracetam, memantine hydrochloride, **oxcarbazepine**, parecoxib sodium, pregabalin, rhenium Re-186 etidronate, venlafaxine hydrochloride, ziconotide and zonisamide.
We would like to remind the readers that all. . .

L21 ANSWER 191 OF 200 SCISEARCH COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO REVUE NEUROLOGIQUE, (**MAY 2002**) Vol. 158, No. 5, Part 2, pp. S46-S54.
ISSN: 0035-3787.
AB . . . antiepileptic drugs on the French market has considerably diversified our conventional therapeutic schemes for epilepsy. New arrivals, topiramate, tiagabine and **oxcarbazepine**, will further amplify these changes. Compared with conventional drugs, these new products present more favorable pharmacokinetic properties, with no or. . . prognosis, including cognitive outcome, has been considerably improved, for example in infantile spasms with vigabatrin and in Lennox-Gastaut syndrome with **lamotrigine** and felbamate, the latter drug being highly toxic. For the moment in France, authorities have limited the use of all. . .

L21 ANSWER 192 OF 200 SCISEARCH COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO ORAL SURGERY ORAL MEDICINE ORAL PATHOLOGY ORAL RADIOLOGY AND ENDODONTICS, (**JAN 2001**) Vol. 91, No. 1, pp. 2-7.
ISSN: 1079-2104.
AB . . . new agents, but was plagued by serious bone marrow and hepatic toxicity. Since then, additional new anticonvulsants, such as gabapentin, **lamotrigine**, **oxcarbazepine**, tiagabine, and topiramate, have been added to the practitioner's armamentarium, whereas others are under development. The two newest drugs, zonisamide. . .

L21 ANSWER 193 OF 200 SCISEARCH COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO NEUROLOGIST, (**SEP 1998**) Vol. 4, No. 5, Supp. [S], pp. S35-S39.
ISSN: 1074-7931.
AB . . . SUMMARY- Limited data from studies performed in healthy subjects and patients with epilepsy indicate little cognitive impairment associated with gabapentin, **lamotrigine**, tiagabine, and vigabatrin. These trials suggest possible positive psychotropic effects and improvements in well-being associated with gabapentin and **lamotrigine**. Mixed effects on cognitive tests were recorded in healthy subjects and patients treated with **oxcarbazepine**. Preliminary data revealed learning difficulties in patients receiving zonisamide, although the impairment did not persist with continued use. Few studies. . .

L21 ANSWER 194 OF 200 SCISEARCH COPYRIGHT (c) 2006 The Thomson Corporation on STN
SO CNS DRUGS, (**JUL 1994**) Vol. 2, No. 1, pp. 40-77.
ISSN: 1172-7047.
AB . . . therapies. This has resulted in 7 new drugs being licenced around the world in the last 5 years (felbamate, gabapentin, **lamotrigine**, **oxcarbazepine**, piracetam, vigabatrin and zonisamide). In addition, 7 other promising drugs are in various stages of development [eterobarb, fosphenytoin, levetiracetam (ubc. . . existing antiepileptic drugs can be identified for some of these new drugs. A mechanism of action has been determined for **lamotrigine** , tiagabine and vigabatrin. This may prove particularly useful therapeutically since it allows a more rational treatment strategy. Eterobarb, fosphenytoin, **oxcarbazepine** and remacemide are prodrugs. This is a particular advantage for fosphenytoin, which is metabolised to phenytoin. Gabapentin, piracetam and topiramate. . . drugs do not exhibit significant binding to blood proteins. Therefore, these drugs are not susceptible to significant pharmacokinetic drug interactions. **Oxcarbazepine** also exhibits minimal drug interactions. This is in contrast to felbamate, **lamotrigine** and stiripentol, drugs with which pharmacokinetic interactions can be clinically problematic.
All drugs, with the exception of piracetam, are effective. . .

L21 ANSWER 195 OF 200 TOXCENTER COPYRIGHT 2006 ACS on STN
SO Therapeutic Drug Monitoring (USA), (**2002**) Vol. 24, pp. 74-80. 27 Refs.
CODEN: TDMODV. ISSN: 0163-4356.
AB. . . had been introduced 20 to 70 years earlier. This situation has changed dramatically, with as many as nine new-generation drugs (**oxcarbazepine**, gabapentin, **lamotrigine**, levetiracetam, tiagabine, topiramate, zonisamide, vigabatrin, and felbamate, in addition to the water-soluble phenytoin prodrug fosphenytoin) having been introduced in Europe,. . .

L21 ANSWER 196 OF 200 TOXCENTER COPYRIGHT 2006 ACS on STN
SO Therapeutic Drug Monitoring (USA), (**2002**) Vol. 24, pp. 91-103. 167 Refs.
CODEN: TDMODV. ISSN: 0163-4356.
AB During the Past decade, nine new antiepileptic drugs (AEDs) namely, Felbamate, Gabapentin, Levetiracetam, **Lamotrigine**, **Oxcarbazepine**, Tiagabine, Topiramate, Vigabatrin and Zonisamide have been marketed worldwide. The introduction of these drugs increased appreciably the number of therapeutic. . . induction by known anticonvulsants with inducing effects but are less vulnerable to inhibition by common drug inhibitors. Felbamate, topiramate and **oxcarbazepine** are mild inducers and may affect the disposition of oral contraceptives with a risk of failure of contraception. These drugs

also inhibit CYP2C19 and may affect the disposition of phenytoin. **Lamotrigine** is eliminated mostly by glucuronidation and is susceptible to inhibition by valproic acid and induction by classic AEDs such as. . .

L21 ANSWER 197 OF 200 TOXCENTER COPYRIGHT 2006 ACS on STN
SO CNS Drugs (New Zealand), (**Jan 2001**) Vol. 15, pp. 1-12. 72 Refs.
CODEN: CNDREF. ISSN: 1172-7047.
AB. . . can be found in the Star Systems include: phenobarbital (phenobarbitone), phenytoin, carbamazepine, valproic acid and valproate sodium (sodium valproate), clobazam, **lamotrigine**, gabapentin, **oxcarbazepine**, topiramate, and tiagabine.
Lisa Webster

L21 ANSWER 198 OF 200 TOXCENTER COPYRIGHT 2006 ACS on STN
SO P and T (USA), (**May 2000**) Vol. 25, pp. 235-243. 25 Refs.
CODEN: PPTTE. ISSN: 1052-1372.
AB. . . indications, side effects, toxicity profiles, monitoring parameters, drug interactions, pharmacokinetics, and new antiepileptic drug formulations for felbamate (Felbatol), gabapentin (Neurontin), **lamotrigine** (Lamictal), topiramate (Topamax), tiagabine hydrochloride (Gabitril), levetiracetam (Keppra), **oxcarbazepine** (Trileptal), zonisamide (Zonegran), and vigabatrin (Sabril). This article qualifies for 1 hour U.S. CE credit by the ACPE.
Lisa Webster

L21 ANSWER 199 OF 200 TOXCENTER COPYRIGHT 2006 ACS on STN
SO New England Journal of Medicine (USA), (**Jun 13 1996**) Vol. 334, pp. 1583-1590. 101 Refs.
CODEN: NEJMAG. ISSN: 0028-4793.
AB The pharmacologic characteristics of the 3 new antiepileptic drugs, gabapentin (Neurontin), **lamotrigine** (Lamictal), and felbamate (Felbatol), are reviewed, including indications for their use, dosage, side effects, and interactions with other conventional drugs. Antiepileptic drugs currently approved for use in Europe, Canada, or Japan included are clobazam, **oxcarbazepine**, tiagabine, topiramate, vigabatrin, and zonisamide.
Elvira deC. Weiss

L21 ANSWER 200 OF 200 TOXCENTER COPYRIGHT 2006 ACS on STN
SO Lancet (England), (**Aug 18 1990**) Vol. 336, pp. 425-426. 27 Refs.
CODEN: LANCAO. ISSN: 0023-7507.
AB The mechanism of action, clinical efficacy, dosage, and side effects of the newer anticonvulsants, including vigabatrin, **oxcarbazepine**, **lamotrigine**, gabapentin, zonisamide, flunarizine, felbamate, stiripentol, topiramate and eterobarb, in the treatment of epilepsy, are briefly discussed.
Elvira deC. Weiss